

ADOPTION SERVICES GUIDEBOOK

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ADOPTION SERVICES WHEN REUNIFICATION IS NOT POSSIBLE

SECTION I

POLICY

When a child cannot be reunited with her/his family, adoption is the preferred alternative to long-term foster care or guardianship. When a child cannot return home, considering adoption as a permanency option gives families an opportunity to plan for permanence for their child. Adoption as a plan is always based upon the child's best interest and specific needs.

SECTION II

DEFINITIONS

The following definitions apply to this guidebook on adoption.

Adoption Exchange: Listing of children with special needs for whom an adoptive family is being sought, and of families approved for adoption of special needs children. Some exchanges also list children needing a legal risk placement. The major purpose of an exchange is to expand the pool of families for a child beyond those available locally, within HHS. By means of an exchange, the pool can be statewide, national, or even international, and can include families from public and private agencies. Due to our affiliation with the Nebraska Association of Adoption Agencies and The National Adoption Center, the opportunity for matching a child with an adoptive family may be broadened.

Adoption Registry: Central repository of profiles for all families approved for adoption or foster-adopt by the Department and available for such a placement. The Adoption Specialist in the Protection and Safety Division keeps this registry.

Adoption with Openness: Includes the following types of adoption:

Full Open-Adoption: Adoptive situation in which a birth relative continues to have contact with a child in the adoptive home, or adoptive families or families of siblings continue to have contact with each other, after finalization. The purpose of open adoption is maintenance of a relationship which is supportive of the child's emotional growth and well-being. Arrangements are made by mutual agreement of birth relative and adoptive parents, or between adoptive parents. Some open adoptions can be legally ordered by the court.

Semi-Open Adoption: Adoptive situation in which a birth relative and adoptive parent meet before the adoption is final, usually once, to exchange information. Usually, identifying information (names and addresses) is not shared.

Adoption with Exchange of Information: Adoptive situation in which:

1. A birth relative continues to receive information about or pictures of a child or both from the adoptive family after finalization; or
2. The birth relative continues to provide information about or pictures of him/herself or both to the adoptive family after finalization.

Note: Usually identifying information (names, address) is not shared with the birth relative. Mailing of such information can be sent through the Department when addresses are not shared.

Closed Adoption: Adoptive situation in which there is no contact or exchange of information between birth relative(s) and adoptive parent(s) after a decree of adoption.

Adoptive Placement: This type of placement has not yet been finalized by a Decree of Adoption issued by the appropriate county or juvenile court, according to Nebraska statute. It was:

1. Originally intended by all parties to culminate in the adoption of the child placed with the prospective adoptive parents, as indicated or by the completion of Form PS-AR61, "Adoptive Placement Agreement"; or
2. Originally intended to have been temporary in nature, but evolved into a proposed adoptive placement, as indicated by the completion of Form PS-AR61.

Concurrent Planning: Both federal and state statute allow for concurrent planning. Concurrent planning is the process of family-centered planning for the child's timely permanency. It involves simultaneously developing and implementing a plan for reunification AND for guardianship or adoption. The decision to do concurrent planning can be made at any point in the case, including at the time the child is removed from the home. When this decision is made, the court report must include a clear statement that concurrent planning is occurring.

Disruption: Termination of the adoptive placement and the plan for adoption by a particular family prior to finalization of adoption.

Displacement: Placement of an adopted child in an out-of-home setting after the adoption has been finalized. Parental rights of the adoptive parent(s) remain intact.

Dissolution: Legal termination of the adoptive parent(s)' parental rights or relinquishment by the adoptive parent(s) after the adoption has been finalized.

Finalization of Adoption: Issuance of a decree of adoption by the court in which the adoption petition was filed.

Parent: A biological, legal, or adoptive mother or father.

If the child is Native American, parent refers to any biological Native American or non-Native American parent of a Native American child or any Native American person who has lawfully adopted a child, including adoptions under tribal law or custom. It does not include the unwed father where paternity has not been acknowledged or established under state or tribal law.

Termination of Parental Rights: The legal separation of a child from his/her parents, including the transfer of custodial rights by reassignment of legal custody. This may be accomplished through:

1. Voluntary relinquishment, the surrender of a child by a parent or parents to the Department, a licensed child placement agency or an individual;
2. Judicial determination, the order of a county or juvenile court.

SECTION III

OUTCOMES FOR CASES WITH ADOPTION AS AN OBJECTIVE

- Adoption is identified appropriately as the permanency objective for a child who is free for adoption or the plan is for the child to be free.
- Planning for adoption begins shortly (within 2 weeks) after the child is free or the plan becomes adoption.
- Families and children will receive quality service and necessary assistance from staff trained in adoption. A teamwork approach will be used to serve families and children.
- Children needing an adoptive home are placed within nine months of date child becomes free for adoption.
- Adoption as a goal is re-assessed if efforts to adopt are unsuccessful after nine months from date child becomes free for adoption.
- The most appropriate family is chosen for the child based on the child's needs.
- The child and prospective family are supported and prepared for the adoption.
- The child and family are comfortable in their roles prior to the finalization of adoption.
- Case conferences are held regularly with the involved parties. Court reviews are held as required.
- The family is able to meet the child's needs and knows how to access services after the adoption.
- The child's eligibility for subsidy is approved and paperwork completed, if applicable, prior to the finalization hearing.
- The adoption is finalized in a timely manner.

SECTION IV

STEPS TO PROCESSING AN ADOPTION

1. Assessment of adoption as the permanency plan;
2. Facilitate a closure visit with birth family with help of adoption staff.
3. Transfer the case to designated adoption staff;
4. Assess the needs of the child;
5. Prepare the child for adoption in general;
6. Locate adoptive family;
7. Share all available background information with potential adoptive family;
8. Prepare child, adoptive family, and foster family (if different from adoptive family) for the specific adoptive placement;
9. Conduct preplacement contacts and visits;
10. Place child;
11. Support and supervise placement;
12. When appropriate, develop and sign subsidy agreement for subsidized adoption;
13. When appropriate assist in the plan for open adoption after finalization;
14. Finalize adoption;
15. Provide post-finalization services, which might include:
 - Consultation
 - Subsidy
 - Information
 - Facilitation of agreements related to openness
 - Support groups
 - Referral to appropriate services

(Note: Several of these steps are likely to overlap; one is not necessarily "complete" before another begins.)

These steps are described in greater detail in the following sections.

SECTION V

ASSESSING ADOPTION AS A PLAN

Adoption may be an appropriate plan for any child for whom returning home is not possible or likely, whether or not the child has been freed for adoption. It must be considered as a potential plan for every child whose parental rights have been severed.

The worker and supervisor will meet with the designated adoption staff or team in each Service Area for consultation regarding a permanency objective when adoption is an option. Cases should be brought to this team when:

1. There has been a determination that reunification is not appropriate or likely and concurrent planning is being done;
2. The plan is for the child to be legally free; or
3. The child becomes legally free.

The case consultation should be requested within two weeks of a change in status as indicated above.

Factors to Consider in Determining Adoption as a Permanency Objective

The decision regarding adoption as a permanency objective should allow for the most permanent placement for the child. A child's age or special needs should not prevent adoption as a permanency objective.

The child's worker in consultation with his/her supervisor and designated adoption staff or team will assess if adoption is an appropriate plan for the child. An assessment will also be made in regard to the child's need for contact with the family of origin, including siblings, extended family and others significant to the child, including former foster parents if appropriate.

Barriers to Adoption

When barriers to adoption exist, the worker will consider ways to overcome them, keeping in mind the goal of permanency and stability for the child. The following factors will be assessed:

1. Legal readiness: Are parental rights severed for one or both parents, or is there a plan for severing parental rights for one or both parents and concurrent planning has begun.
2. Child's emotional capacity for permanence through adoption; this includes:
 - Child's ability to adjust to the loss of prior families' ties and accept a new familial relationship;
 - Child's emotional acceptance or ability to accept that she/he cannot return to parents;
 - Child's desire for adoption and/or belonging to a family; and
 - Child's willingness to consent to her/his adoption. (Under Nebraska statute, a child age 14 or older must consent.)

NOTE: See Section V, Assessing Needs of Child for further assessment.

3. Risks of moving child vs. risks of having her/him remain in the current placement without legal parent(s), taking into account the child's age and developmental stage. This includes:
 - Importance of permanence on a life-long basis;
 - Ability and commitment of current caregiver and the system to meet the child's safety as well as physical, social and emotional needs on a life-long basis;
 - Advantage gained by having legal parent to advocate and plan for the child's future needs; and
 - Strength and nature of child's attachments to current caregiver, friends, school, community or birth family and possibility of maintaining them after adoptive placement.

SECTION VI

CASE TRANSFER

When parental rights are terminated or relinquished, the worker will:

- Request a consultation with the designated adoption staff within two weeks as described in Section III above;
- Prepare the case for transfer to the designated adoption staff within one month of the plan for adoption;
- Change the CWIS system to indicate the change in parental rights status, permanency objective and date free for adoption;
- Inform the child of the change in parental rights status and the results of the child;
- Make plans to introduce the child and out-of-home care provider to the designated adoption staff assigned to the case.

NOTE: Discussion regarding the details of adoption should be done by designated adoption staff assigned to the case. A teamwork approach will be used to serve families and children. Ideally the protective service worker would participate in the initial discussion.

SECTION VII

ASSESSING NEEDS OF CHILD

When adoption becomes the plan, the worker will assess the child's needs. All aspects of this assessment must take into account the child's age and developmental stage and should address his/her individual level of need for safety, health, and well-being.

This assessment must be individualized and tailored to the specific child. It cannot be based on generalized assumptions. There can be no routine consideration of race, color, or national origin. Care must be given at this stage of the process to differentiate between the statement of needs and how those needs will be met by a family.

An assessment of the child's needs will be made by gathering information from various sources including:

1. Review the child's case file including the current social summary if one is in the file. A summary from another agency will be sufficient if it contains relevant information. The summary should include:
 - a. Social History - history before placement, family members (refer to Social History Outline, page 54);
 - b. Placement History - all previous placements, reasons child moved, significant events, and location of siblings; reasons why siblings are not placed together;
 - c. Child's special needs including strengths; psychiatric and psychological history and therapy involvement;
 - d. History of bonding and attachment and child's ability to form attachments;
 - e. History of abuse, neglect and trauma.
 - f. Review reports on medical, educational, social and developmental history;
 - g. Read progress notes from caregivers and current foster family.
2. Gather information by personal contact.
 - a. Meet with other professionals who know the child;
 - b. Meet with and observe the child;
 - c. Obtain information from the child's family and other relatives, if available;
 - d. Identify the gaps in information and where to get this missing information.
3. Assess Child's Emotional Readiness for Adoption

The child has:

- a. an understanding of why she/he is not returning home;
- b. an understanding of what adoption means;

Clarification with:

- the child that full birth name may be retained after the adoption, upon mutual consent by child and adoptive parent(s);
- the child that openness in adoption may be an alternative to terminating all ties and attachments to birth relatives, friends and former caregivers, if it is in child's best interest;
- adolescents that as a result of their developmental stage, adoption need not involve expectations of the usual parent/child relationship;
- c. knowledge and understanding of the difference between foster care and adoption;
- d. an acceptance of being adopted;

- e. the child's wishes including type of placement and wish for contacts with birth relatives and former caretakers after adoption.
4. Review Child's Needs for Successful Adoption
 - Receive input from the child regarding type of family she/he would prefer;
 - Flexibility by caregiver and environment of caregiver to meet the child's various needs;
 - Acknowledgement and respect for the child's connection to the past including a sensitivity to the birth family, attachment to siblings, others significant to the child and important past events;
 - Consistency and commitment by caregiver;
 - Match of child's ability to be close and a family's need and desire for closeness to a child;
 - A planned transition to adoptive family;
 - Child's need for openness;
 5. Assess the child's current placement
 6. Assess whether any appropriate relatives could adopt (see Section IX)
 7. Assess the child's specific individual needs which might include:
 - Child's educational, medical, psychological, and legal status including needs for safety consideration and any special health concerns.
 - Child's interaction and attachment to siblings, if appropriate, and whether there is a need for placement together or ongoing contact.
 - Child's need for cultural continuity (which cannot be a proxy for race).
 - Child's racial identify (this need will occur rarely and will only be considered when the child him/herself identifies it).
 - Child's language and/or communication needs.
 - Child's religious affiliation and need for continuity in a family that will honor his/her religious identity.
 - Child's self-esteem and self-image.

Note: This assessment will be used for consideration of adoptive families and must be specific and individual to the child.

SECTION VIII

PREPARING CHILD FOR ADOPTION

Preparation of the child for adoption will take into consideration the child's comprehension and age. The following actions may vary from case to case. The worker will:

1. Clarify that the child understands the change in status of parental rights and the new plan for adoption.
2. Assess whether the child needs therapy for grief, separation and loss of biological family, caregivers and "psychological parents" such as foster parents who are not adopting.
3. Arrange for "good-bye" visit, with biological family, foster parent, caregivers, significant others, if appropriate. In a "good-bye" visit with the biological family it is important that pictures be taken of the child and family together and that each be given copies. It is also very important that the child be told by the biological parent that he/she has the permission to go and be adopted and that the fact that the child is no longer with them is not the child's fault. The biological parent may need some help from the worker to prepare what and how they will say this to the child. If the parent refuses to participate in a "good-bye" visit, encourage them to send the child a letter of good-bye or assist them in buying an appropriate greeting card for the child.
4. Arrange for services, as needed.
5. Use other tools such as genogram, child's ecomap, lifebook, special coloring books for adoption and types of parenting articles.

SECTION IX

GUIDELINES FOR PLACEMENT CONSIDERATIONS

A. General Considerations

In choosing an adoptive family for a child, the overriding concern is the child's needs, including the need for safety, health, and well-being and his/her best interests based on the complete assessment (see Section VII). Because each child is different, placement decisions must be individualized. Consideration must be given to the total child including any special needs of the child to be placed. For most needs, there will exist many potential ways to meet the needs of the child. For example, a child who speaks only Spanish would have a unique communication need. At the next stage of the process, when assessing a family's ability to meet the need, possibilities could include anyone who can speak Spanish regardless of race.

The worker and supervisor in consultation with the adoption team, and others significant to the case (as needed) will meet to consider and select an adoptive family based on the information from the assessment, and consider the following:

- Siblings: Siblings will be placed together unless it is determined that the placement would be detrimental to one or more of them. If placement together is not chosen or located, contact between the children and their adoptive families will be an expectation of the families.
- Appropriateness and availability of the adoptive family of child's siblings;
- Relatives, see Adoption by Relative Part C below;
- Child's own preference;
- Biological family's requests regarding type of family, openness, or religion of adoptive family; this does not include race;
- Accessibility of services to meet the child's needs;
- Prospective family's ability to parent, and commitment of family and their support system to meet the child's physical, social and emotional needs on a life-long basis;
- Prospective family's ability to accept and share with the child his/her family background in a positive way;
- Family's ability to handle child's special needs such as disability or behavioral problems;
- Strength's and nature of child's attachment to current caregiver, friends, school, community or birth family, and the possibility of maintaining them after placement;.
- Family's ability to accept openness of adoption, if appropriate;
- Family's ability to parent this specific child and meet his/her needs until adulthood;
- Child's attachment to potential adoptive family.

An adoptive home study will be completed on all families who wish to adopt a ward. The home study will indicate a recommendation regarding whether a child should be placed with them for adoption. See page Forms Section of this Guidebook for Home Study format.

NOTE: The team is encouraged to use form PS-AR65 "Report on Selection of Adoptive/Foster-Adopt Family. A copy of the form should be put in the child's case file to document a team decision.

B. Native American Child

In all adoptive placements, the following order of preference will be followed for a Native American child in the absence of good cause to depart from placement preferences:

1. a member of the child's extended family;
2. other members of the child's tribe; and
3. other Native American families.

Good Cause to depart from placement preferences will be based on one or more of the following considerations:

1. The request of the biological parents or of the child (if the child is age 12 or older), for a specific placement;
2. Extraordinary physical, medical, cultural, educational or emotional needs of the child as established through the written report or testimony of a person with the following qualifications:
 - a. a member of the child's tribe who is recognized by the tribal community as knowledgeable in tribal customs as they pertain to family organization and child rearing practices;
 - b. a lay person having substantial expertise in delivery of family service to Native American and extensive knowledge of the prevailing social and cultural standards and child rearing practices within the child's tribe; or of her/his specialty.
3. The unavailability of suitable families, including at minimum but not limited to:
 - a. Contacting the child's tribal social service program;
 - b. Searching of list of all licensed foster homes in the state; and
 - c. Contacting nationally known Native American programs known to have available placement resource.

The worker will fully document the justification in the child's case record and consult with his/her supervisor.

NOTE: The Department can invoke good cause but if the child lives on or is domiciled on the reservation, the tribe has exclusive jurisdiction over the child. The tribe can choose to claim exclusive jurisdiction which entitles them to make any and all decisions regarding the child including where the child is placed and whether the adoption takes place.

Department records regarding placement of a Native American child will be made available at any time upon the request of the Secretary of the Interior or the Native American child's tribe.

This section is from Indian Child Welfare Act of 1978, United States Code, Title 25, Section 1901.

C. Adoption by Relatives

Relatives such as grandparents, adult siblings, aunts, uncles, and cousins will be considered. Lack of prior involvement of the relative with the child is not a reason to exclude a relative from consideration. Consideration will be taken to giving preference to relatives if the needs of the child can be met as outlined in Section VII.

An issue which might require special attention is that of family relationships. For example, how will the relative deal with his or her attitudes and feelings about the biological parent(s) or, with potential contacts with or interference by biological parents? If there is a question of safety, what will the safety plan be? The worker is expected to discuss these issues with the relative(s) and assist in development of techniques, skills, and plans to assure safety and well-being for the child.

An adoptive home study will be completed on the relative family. The home study will indicate a recommendation that an adoptive placement agreement be signed.

The following should be considered:

1. Relative's ability to present information on biological parents in positive fashion;
2. Whether the relative is able to handle interference from biological parents;
3. Child's desire to be adopted by relatives.

D. Adoption by Foster Parents

When a child has been living with a foster family who wishes to adopt, their request will be considered. (A decision not to allow adoption by a foster parent might be grievable. See 390 NAC 7-001.08 and Out of Home Placement and Payment Guidebook, Section XV, Page 31). In addition to the general considerations in Part A of above, the assessment will include:

1. Extent of firmly established psychological attachment;
2. The child's desire to be adopted by the family;
3. Demonstration by foster parents of appropriate parenting skills which fit the specific needs of this child;
4. Ability of foster parents to recognize the distinctions of their roles as foster parents versus adoptive parents. Worker needs to discuss the changes the roles of the foster parents will undergo, should they adopt;
5. Ability by foster parents to transition to the role of adoptive parents and utilize resources other than the Department; and
6. Can another placement better meet the child's needs?
7. The plan for the family to take other foster care placements and the impact of those placements on this child's adjustment to adoption.

An adoptive home study will be completed on the foster family. The home study will indicate a recommendation that an adoptive placement agreement be signed specific to this child. (If a general home study was completed then it needs to be updated with

changes in circumstances and considering this child.) See Forms Section for Adoptive Study Format. (See also Section XV.)

Further consideration needs to be given to the following items. The status of these items can change due to external stressors.

- Marital Status - if parent is separated but not divorced - this must be legally clarified. Nebraska law requires that both husband and wife adopt if they are legally married;
- Current indication of physical health, energy level, as well as mental health or chemical dependency;
- Criminal History;
- History with Child Protective Services;
- Lack of attachment to child;
- Lack of attachment by child to foster parent;
- Inappropriate relationships between birth and foster family;
- Inability to present a balanced view of birth family to child;
- Inability to meet child's needs on a permanent basis.

Most of this should be considered when placement decisions begin.

An update to the foster care home study must include an approval for adoption, not just foster care, new criminal history checks, central registry checks for child and adult abuse.

E. Adoption by Birth Parents

In some situations, the biological parent's or the child's circumstances may have changed to the extent that the child's best interest may be served by returning the child to the birth parent whose rights have been terminated by court or voluntary relinquishment. The only way parental rights can be restored is through adoption. When considering birth parents, assessment of the following will be made:

- Parent(s) demonstrate the ability to deal constructively with the original separation from the child;
- Parent(s) demonstrate a change in the circumstances that led to the original removal of the child from their care; and
- Child's desire to be adopted by the birth parent.

An adoptive home study and approval will be completed for the birth parent prior to placement. Before placement, notification of the Department's plan to place the child with the birth family must be provided to the court of jurisdiction and the court that terminated parental rights (if different) and to the child's guardian ad litem. See Adoptive Home Study Format in Forms Section.

F. Child Specific Recruitment

In some situations, it is appropriate to consider a family that knows the child from the community, church, school, affiliated organizations or neighborhood. Such a family may be appropriate to adopt the child. An adoptive home study will be completed on the family prior to placement.

G. Adoption of Adult Children

By a change in Nebraska law in 1999, a child who reaches the age of 19 years may be adopted as an adult. The adoptee must live with the adoptive parent(s) at least six months prior to their age of majority and the adoptee has no parents, their parents being deceased,

having relinquished parental rights and had their parental rights terminated by order of a court of competent jurisdiction.

H. Further Placement Requirements

In accordance with federal requirements:

No family will be denied the opportunity to become an adoptive parent on the basis of the prospective parent's race, color, or national origin.

There will be no delaying or denying a child's adoptive placement on the basis of the child's or the prospective family's race, color, or national origin.

There should be no routine consideration of race, color, or national origin in any part of the adoption process.

A prospective adoptive family may express their preference in parenting a child of a particular race or national origin. This should be documented in their case file.

If it comes to the attention of the Department that a particular prospective family have attitudes that relate to their capacity to nurture a particular child, the Department may take those attitudes into consideration in determining whether a placement with the family would be in the best interest of that child. However, this must be done on an individual basis with consideration given to the assessed specific needs of that child and not placement of children in general.

The assessment of the child or the family must not be misused to generalize racial or ethnic screening or routinely include considerations of race or ethnicity.

Any consideration of race or ethnicity must be done in the context of individual placement decisions and not rely on generalizations about the needs of children in a particular race or ethnicity or generalizations about the ability of prospective parents of one race or ethnicity to care for a child of another race or ethnicity.

I. ADOPTION EXCHANGES

Federal Law, Adoption and Safe Families Act of 1997 States: Section 107 documentation of efforts for adoption or location of a permanent home state.

“In the case of a child with respect to whom the permanency plan is adoption or placement in another permanent home, documentation of the steps the agency is taking to find an adoptive family or other permanent living arrangements for the child, to place the child with an adoptive family, a fit and willing relative, a legal guardian, or in another planned permanent living arrangement, and to finalize the adoption or legal guardianship. At minimum such dictation shall include child specific recruitment efforts such as the use of state, regional and national adoption exchanges including electronic exchange systems.”

The Nebraska Department of Health and Human Services will follow this federal law by actively using the adoption changes explained here.

1. State Exchange

The State Adoption Exchange is generated from the Adoption Specialist's office in Central Office. Staff who have wards in need of adoptive homes should submit a completed form, "Nebraska Adoptive Child Referral" (see forms section), to the Adoption Specialist's office. Staff who complete home studies on potential adoptive families should send a profile of the family to the Adoption Specialist's office on the form "Adoptive Family Profile" (see forms section). The Adoption Specialist's office will generate a monthly list of children on the Exchange providing information on the children and listing their worker. Another list of adoptive families will include approved adoptive families, their worker, and the special needs they will accept. Based on the two lists, staff should contact each other to potentially match children and families.

Children who are not legally free can be entered on the State Exchange as a legal risk placement. Matches can be made from the State Exchange for children that are not legally free.

If staff are contacted for possible matches of children and families, consideration should be given to placing the child with families from the Exchange. Staff should not deny or delay placing a child with an approved appropriate family in another part of the state, another state or country in order to wait for a placement with a family who lives in their own county, city, town, or service area or state.

2. World Wide Web

The Nebraska Adoption Exchange is also maintained on the HHS web site, www.hhs.state.ne.us/. Go to Children Services. Go to Adoption. Then go to the Nebraska Adoption Exchange. Children are listed by first names. As you click on the first name of the child, a picture and a brief description of the child appears.

When staff refer children to the State Exchange, they should indicate if they do not want a child who is legally free to be put on the World Wide Web page. If they do not indicate this, the child will be entered on to the web page by the Adoption Specialist's office. The Adoption Specialist's office will enter the child based on the information entered on the State Exchange by the form "Nebraska Adoptive Child Referral."

3. National Exchange

The National Adoption Exchange is on a data base and is maintained by The National Adoption Center in Philadelphia, Pennsylvania. Our agency is an active member of the Adoption Exchange. (See Instructions, Nebraska Adoptive Child Referral.)

Wards should be referred to the National Adoption Exchange using the form "Nebraska Adoptive Child Referral." The completed form should be sent to the Adoption Specialist's office in Central Office who will take responsibility for doing electronic entry of the child on the National Adoption Exchange.

Most of the information about the child that is on the National Adoption Exchange database is confidential and can be viewed only by professional staff from the member agencies. The exception to this is "Faces of Adoption" which contains a picture and brief description of information about the child. "Faces" can be viewed by the public as they visit the National Adoption Center's web site. (See Instructions, Nebraska Adoptive Child Referral.)

Staff may be contacted directly by staff or families as a potential match on the National Adoption Exchange. The match may be done directly by the computer at the National Adoption Center. If contacted, staff should request a copy of the adoptive family's approved home study as a first step in considering placement. A family cannot be denied placement just because they live in another area or state, nor can a placement be delayed for that reason.

If the family seems appropriate, the family and their worker should be given information about the child that would be helpful in assessing if a match would be best for this child. The Adoption Specialist is available to help in considering these placements.

The World Wide Web and National Exchange are means to find adoptive families for children. They serve as a way to expand the potential pool of families from those in Nebraska to the entire United States and possible even internationally. They provide an avenue for families to find out about a child and initiate a contact. They also provide the opportunity for workers to locate potential families, in which case the child's worker can initiate a contact.

Families located via the World Wide Web or the National Exchange will be given the same consideration given to a local family. As with a local family, the purpose of the work is to build permanency for a child in a family where the child will be safe and have his/her needs met. Distance should not prevent a placement when the family is appropriate. Instead, the worker will need to plan ways to accommodate distance, such as use of videoconferences, phone calls, provision of transportation, etc. The Adoption Specialist can be available to assist with development of alternatives and planning.

4. Documentation

The child's file should include documentation of recruitment on the Exchanges including the State Exchange, the World Wide Web and the National Adoption Exchange. If a family has been referred for an adoptive child but was not chosen for placement of that child, the child's file should document the staff who participated on a team decision to select the adoptive family and why a referred family was not selected for that child.

If a family in another area, county, state, or country is not chosen for the placement of a child, the family has a right to file a grievance and be granted a fair hearing on the decision.

SECTION X

OPEN ADOPTION

Openness will be based on the child's best interest. Details of the child's degree of openness is only determined after the child is free for adoption; although assessment of what is best for the child can begin earlier.

The prospective adoptive parent(s) and the birth parent(s) of a prospective adoptee may enter into an agreement regarding communication or contact after the adoption between the prospective adoptee and his/her birth parent(s). The Department will have input into the openness agreement. See definitions, Adoption with Openness, Section II in this Guidebook.

Exchange of Information

Adoption with Exchange-of-Information is between the prospective adoptive parent(s) and biological parent(s). The biological parent may contract with the Department and adoptive parents for information about the child obtained through the adoptive family.

The Exchange-of-Information Contract is a two-year, renewable obligation voluntarily agreed to and signed by both the adoptive and biological parent(s) and the Department. The best interest of the child will determine whether information is exchanged.

The contract should include but not be limited to:

- the nature of information to be shared;
- the agreement of the biological parent(s) and adoptive parents to keep the Department informed of any changes of address or phone number;
- the provision for communication by the biological parent(s) indirectly through the Department or directly to the adoptive parent(s).

The nature of the information which is promised will be specified in the Exchange-of-Information contract. This may include, but not be limited to, letters by the adoptive parent(s) providing information regarding the child's development or photographs of the child at specified intervals.

When, after finalization of the adoption, it is determined by the Department, in consultation with the adoptive parent(s), that certain or all exchanges of information are no longer in the best interest of the child, the Department may enter into an agreement with the biological parent(s) to alter the original contract made between the Department the adoptive parents, and the biological parents.

There are two types of open adoption agreements: non-court approved and court approved. Both are described below:

Non-Legal Agreement

This type of agreement may be between the prospective adoptive parent(s) and the birth parent(s) or any birth relative of the child. An agreement may be made between adoptive families of siblings who were adopted. The court is not involved but a written contract with the terms of contact and communication is signed by both families. This contract is not legally binding. The Department should be involved and should retain a copy for the records. An agreement may include changes of address and a method for maintaining contact.

Legally Binding (Court Ordered) Agreement

The birth and prospective adoptive parents agree to terms of contact or communication or both by way of a signed written agreement presented to the county or juvenile court where the adoption is finalized. That court may enter an order approving the agreement for openness if it determines it would be in the best interest of the prospective adoptee. The Department and the guardian ad litem will make recommendations regarding the agreement. The signed agreement becomes a legally binding contract. A contract approved by the court may only be done with the birth parents and not extended family.

Statutory Reference: Neb. Rev. Stat. 43-156 and 43-146 et. seq.

SECTION XI

TIME FRAMES FOR ADOPTIVE PLACEMENT

Every effort will be made by all staff involved in the adoption process to place the child in an adoptive home within nine months of the date when the child became free for adoption.

If placement cannot occur within the nine months, the worker, support staff and adoption team will review and assess:

- Efforts made to locate an adoptive home and to prepare the child for placement;
- Current plan;
- Resources available;
- Child specific recruitment (see Section IX).

Written documentation of the assessment will be placed in the child's case file.

Review and assessment of the placement process will be done at least on a quarterly basis until there is an adoptive placement or change in permanency goal.

The time frames will also adhere to the federal regulations which include Permanency Review Hearings every 12 months.

SECTION XII

NOTIFICATION OF CHOICE

After the team has decided on the most appropriate family to meet the child's needs the family will be notified. The worker for the child will work cooperatively with the worker who completed the adoptive home study in notifying the family and presenting information about the child. The tasks for each worker which are listed below can be occurring in conjunction with one another.

Duties of Child's Worker

The child's worker will:

1. Notify the prospective adoptive family's worker verbally that the family has been selected (if worker was not on the selection team) and obtain that worker's feedback regarding the choice;
2. If the adoptive family's worker advises against placement, the child's worker will return to the selection team with the other worker's concerns;
3. If a placement is still planned, send the following to the family's worker:
 - A picture of the child;
 - Psychological, medical and school reports;
 - The child's background information; and
 - Copies of other relevant information about the child including any plans for openness.

Duties of Adoptive Family's Worker

The adoptive family's worker will:

1. Review information about the child;
2. Present a completed approved home study to the child's worker;
3. Share any concerns she/he has about the match with the child's worker and, if she/he has good reason to believe the placement will not be a good one for the child, document the reasons in a memo to the child's worker. The selection team will meet to discuss concerns and reassess the situation;
4. Contact the family to obtain their initial reaction to the match and explain to them that a formal presentation will be done by the child's worker;
5. Verbally notify child's worker of family's initial reaction or that the family declines;
6. Coordinate with child's worker on plans for presentation of the child; and
7. Attend presentation, if possible.

SECTION XIII

ADOPTIVE PLACEMENT PROCESS

Initial Presentation

When the family's worker has notified the child's worker that the family chosen by the team is interested in the child, the child's worker will contact the family to arrange an in-person formal presentation about the child. The family's worker should be included when possible. At the presentation, the child's worker should discuss with the prospective family all known relevant information regarding the child and parents. This will allow the prospective family to make a well-informed decision regarding acceptance. This information will include but is not limited to:

1. Background: social, genetic, medical, psychological, educational, etc.;
2. Current development, personality, and special needs;
3. Child's behavior, particularly any known or suspected tendencies which could be dangerous or detrimental to the child, the adoptive family, or others, including but not limited to:
 - a. Sexual acting out;
 - b. Molestation; or
 - c. Violence.
4. Anticipated future needs; and
5. Requests or Department requirements for openness of the adoption.

The child's worker will give written summary material from the child's records to the prospective family for consideration. A copy of all material given to the family will be documented in the file.

It may be helpful to the family in their decision-making to meet with the child's doctor, therapist, school teachers and others.

The placement of a child will affect the whole family so all family members should be involved in the decision. The parents should discuss the potential placement with their children before making a decision.

At this initial presentation the worker should discuss the Department's expectations about the family's assumption of financial responsibility for the child and, if appropriate, the availability of a subsidized adoption.

(See 390 NAC 6.003 and Part XXII of this Guidebook for subsidy information.)

Preparing the Adoptive Family

In order to successfully parent an adoptive child, the adoptive parents should feel entitled, and empowered to seek and utilize resources and support services on behalf of their child. A "successful" adoptive family recognizes the significance of and has the capacity to give the child permission to express the loss of the birth family members and other persons who have been a significant part of the child's past. All members of the prospective adoptive family should be prepared for placement.

As the prospective family prepares for the placement of the child, they should be encouraged to meet with the foster parents, doctors, therapists, teachers and others. The worker should facilitate these contacts and arrange for the family to receive written reports from the providers, if not already provided.

The prospective adoptive family should meet with the foster parents, preferably before the child meets them. The foster parents may need some preparation for this meeting if they are hesitant. It is important that they support the placement and give positive messages to the child. The worker should be present during the first visit between the two families. It is helpful to have the visit in a neutral place. The worker should explain the pre-placement visitation process to both families and receive their input for specific plans. It is helpful for the adoptive family to share some photos of their family, house, favorite activities and pets for the foster family to take to the child. This may be in the form of a book presented to the child as an introduction of the adoptive family. A target date for placement and a schedule of preplacement visits may be established at this meeting. The two families may wish to have more than one meeting.

The foster parents should be encouraged to share with the prospective adoptive family information about the child's strengths and needs, likes and dislikes, daily routine, the child's interactions with others, and behavioral management techniques.

The child should be introduced to the prospective adoptive family in a place where she/he feels safe. The worker and foster parents should be present. The worker should facilitate the visit.

NOTE: It is not appropriate for a child under age 14 to meet several families and choose between them. For children over age 14 the adoption staff should be involved in planning meetings between a child and prospective family for purpose of choosing an adoptive family.

Preparing the Child

The child has a right to have full knowledge of what is happening to him/her and to make determinations for himself/herself when this is feasible. The worker and foster parent(s) should prepare the child for placement. It is important that the child receive permission from the foster parents to leave. It is also important for the child to know the prospective adoptive and foster families will communicate throughout the placement process. These families can serve as a support to each other.

The worker and foster parent should prepare the child by:

- discussing the child's feelings about the move;
- giving the child current pictures (or a family book) from the prospective adoptive family and from the foster family;
- preparing or completing the child's lifebook;
- refer the child for therapy as needed and consult with the current therapist, if appropriate;
- using techniques such as role playing, adoption coloring book, drawing pictures and using "feeling cards"; and

- helping the child deal with separation and loss.

Pre-placement Visits

The worker, prospective adoptive family and foster family will develop a tentative schedule of pre-placement visits to cover several weeks. Visits should be increased as the placement date approaches. All should assess the progress of the visits and make adjustments as necessary. The tentative visitation plan should be shared with the child before visits start. A calendar with the dates is helpful. The child should be involved in the development of the plan based on his/her ability.

Pre-placement visits should allow the family and child time to visit and become acquainted, enable the child to be comfortable with the family and provide a sense of life as a family. Some visits should consist of the daily routine activities and not always be special outing. The child should be told that the adoptive family knows about and is comfortable with her/his past and current needs. The worker should be present at least one pre-placement visit.

The family is responsible for its own expenses associated with pre-placement visits. In cases of children with special needs, when expenses for visits will be a barrier to placement, the Department can cover at least a portion of them, if necessary. If assistance is needed, the worker will determine the amount and what it is for, obtain supervisory approval and complete and submit the Foster Care Payment (FCPAY) Determination PS-5 for payment. Expenses could include reimbursement for cost of gasoline, lodging, and part of the meal costs.

Readiness for Placement

The following checklist provides a rough estimate of the level of readiness to place a child with special needs:

- parents have accepted the child's linkage to her/his past;
- biological and other children in the adoptive home have been prepared;
- child's lifebook is current;
- child and family assessments are completed;
- child has started to work on grief and separation issues;
- child and family accept use of extended support services;
- parents understand the grief process;
- older child has consented to adoption;
- family fully participated in adoptive home study process and adoptive family preparation;
- family fully participated in decision-making;
- adoption subsidy has been discussed and will be pursued based on the child's special needs.

The checklist above is from "Building a Model Adoption Program Guidelines for Public Adoption Agencies" by The National Resource Center for Special Needs Adoption, September, 1992.

Before the placement, the worker should assess the progress of visits and set a placement date with the families. The worker should:

- obtain the most current medical history, including the names of physicians and dentists, immunization record, Child's Health Record and significant medical and dental facts;
- meet with the adoptive family and school personnel where the child will attend if different, to discuss child's needs;
- arrange for transfer of school records, if appropriate;
- help the foster parents deal with their own separation anxiety so they can deal appropriately with the child;
- clarify with the adoptive family their rights and responsibilities after placement, including:
 - - financial responsibility;
 - - purpose of post-placement services;
 - - grievance procedure for adoptive parents (See page Forms Section of this Guidebook);
 - - subsidy program, if appropriate; and
- obtain a commitment to adopt from the prospective adoptive family.

The worker will notify the court of jurisdiction, the guardian ad litem and tribe, if applicable of placement seven days IN ADVANCE of placement. The worker should also notify the school and providers of service of the placement change.

Placement Day

Duties on the Day of Placement

On the day of placement, the child's worker will:

1. Be present at the placement;
2. Complete Form PS-AR61, "Adoptive Placement Agreement," obtaining signature(s) of adoptive parent(s) and the child if she/he is chronologically and developmentally capable of signing;
3. Unless previously provided, give the adoptive family a written statement of ALL known information about the child, including all relevant information about the extended birth family, except that the worker will not share birth family members names and addresses if either parent requests in writing that this information be kept confidential. (NOTE: The worker may provide two separate summaries, one to be shared directly with the child and one containing information which adoptive parents will share in a discretionary manner.) A copy of all information given to the family or a listing of what was provided will be put into the child's file. The family will sign a Statement of Disclosure; and be given a copy. A copy of this form will also be put in the child's file;
4. If applicable, prepare an agreement regarding openness of the adoption;
5. If appropriate, help plan and participate in a moving day celebration.

Two excellent references for pre-placement planning and placement are the books: "A Child's Journey Through Placement" by Vera Fahlberg, M.D. and "Adopting an Older Child" by Claudia Jewett.

Worker Duties After Placement

The worker will:

1. Complete CWIS updating placement information and placement status within three working days after placement.
2. Within ten working days after placement:
 - a. Complete narrative and transfer summary (if case is being transferred to another Service area or office) on placement;
 - b. If agreement was made with birth parent, notify him/her that placement has occurred;
 - c. Send the child's record to the worker who will provide post-placement services, if applicable; and
3. Within 15 working days after placement, obtain information regarding new placement and provide feedback by personal contact to former foster parents.

SECTION XIV

POST-PLACEMENT RESPONSIBILITIES

Services following the adoptive placement are provided in a child-centered, family-focused approach with the child's safety as the primary concern. This empowers the adoptive family to more quickly assume parental responsibilities for the child during the supervision period and increase the family's access to key people who can assist them following finalization of adoption.

Post-placement services provided by the Department before the finalization of the adoption include:

A. Payment Services

Adoptive parents are expected to assume financial responsibility for the child, including medical coverage. A subsidy may be provided if the child has a special need by virtue of age, or disability; if siblings are placed together; or if the child is being adopted by foster parents to whom he/she is attached. In these exceptional cases, it is the responsibility of the child's worker to ascertain with the adoptive family before placement how much financial assistance is required. Whenever possible, the plan should be for decreasing assistance from the Department during the post-placement period, as the family's budget is adjusted to meet the child's needs. For example, if a pre-school child receives a child care payment, there should be a plan to reduce it when the child is school-age and eliminate it when no longer needed. This should be built in to the subsidy agreement. The child may be eligible for a non-recurring subsidy. (See Subsidized Adoption, Section XXII, this guidebook.)

B. Supervision

The worker will provide a minimum of six months post-placement service to the adoptive family and child before finalization of the adoption. A period of service of up to a year is recommended for special needs children. The decision regarding length of service should be made by the worker, supervisor, and the family based on the family's and child's readiness for finalization. If an abuse/neglect complaint has occurred during the post-placement period, supervision generally should occur for at least the next six months. If the adoption has not been finalized within one year, the worker will document reasons in the narrative and, if appropriate, assess whether the placement continues to be in the child's best interest.

Contacts

In every case, the worker in the office area in which the child was placed will contact the family within one week after placement. This initial contact may be made by telephone. Within two weeks after placement, the worker will make a home visit.

Newborn Placements, Non-Special Needs

The worker will visit with both parents, if a two-parent family, and the child in their home frequently.

Older Child or Special Needs Placement

The worker will visit with at least one parent and the child regularly, as needed, in person. Some visits will:

1. Be in their home and include both parents, if a two-parent family; and
2. Include time alone with the child unless the child is an infant.

Conducting Visits

It is strongly recommended that these visits also include all other persons living in the home, with at least one such visit required before finalization. Greater frequency of visits and other contacts will be arranged when needed in any adoptive placement and always considered as a possibility in placements of children with special problems or needs.

C. Worker's Role:

During adoptive placement, services provided by the Department are family-focused rather than child-focused, with the goal of integration of the child into the family and creation of a new family unit. This focus is important even when the child's foster family is adopting, as they also are experiencing a change in status. The worker's role include responsibility to:

1. Support the family in making adjustments and parenting the child, including assistance to a foster family which is adopting in making the transition to adoptive status;
2. Through casework, assist the parents to allow and encourage child to accomplish tasks necessary in the grieving and attachment process;
3. Assess progress of adjustments with the family;
4. Assess the need for other services with the family; and if necessary, provide assistance in obtaining them (such as, information and referral, arrangements for Department payments or services, including use of family support funds or social services);
5. Prepare court reports;
6. Assess readiness for finalization, and document why not ready for finalization if child has been in placement for one year;
7. Assist family in assessing and planning for services the family will want or need after finalization, on both a short-range and long-range basis; and
8. Request filing of a juvenile petition in court, if:
 - a. No court jurisdiction exists;
 - b. The child was relinquished to an agency without prior court involvement; and
 - c. The time between relinquishment and finalization of the adoption will be more than six months if there has been no prior court jurisdiction.

SECTION XV

WHEN FOSTER PARENTS ADOPT

When the foster parent(s) for the child adopt, they need assistance in shifting their role as foster parent to one of a life-long legal parent for the child. The worker should not begin processing the legal finalization until the child has been in the foster home at least six months. The worker must make sure that the assessment of the appropriateness of the foster parent to adopt has been made. This includes the adoptive home study, preparing the child and adoptive parent of the change in role and obtaining all necessary information for determining the needs of the child and for subsidy. The assessment continues until finalization. The Readiness for Placement information under Section XIII in this Guidebook contains information to help determine when to proceed with the finalization of the adoption.

SECTION XVI

ABUSE AND NEGLECT DURING POST-PLACEMENT

Safety of the child must always be the primary concern. If the worker suspects or receives a report of possible abuse or neglect by an adoptive family member, or someone else with whom the child has or has had contact, the worker immediately will make a child protective services referral. The worker supervising the placement will not conduct an investigation of a member of the adoptive family.

The P&S worker will follow the usual process for an abuse or neglect referral. The P&S worker will inform the adoption staff of reports and progress on the investigation.

Mandatory Removal Situations

Emergency removal is required if

1. The child is not safe and a safety plan cannot be put into place:
2. Life-threatening abuse/neglect or sexual abuse has been substantiated, and the perpetrator is unwilling to leave the home;
3. The worker observes signs of life-threatening abuse or neglect or sexual abuse.

Consultation with supervisory support staff is required before a removal occurs.

Decision to Continue or Disrupt Placement

Following an emergency removal, the worker in collaboration with the Protection and Safety worker and adoption team will assess the possibility of replacement with the prospective adoptive family or a permanent disruption of the placement, using the guidelines in the next section.

SECTION XVII

DISRUPTION OF ADOPTIVE PLACEMENTS

A. Conditions for Disruption

Placement disruption should be considered by the adoption team when:

1. All reasonable efforts have been made by the Department to provide or arrange services for the family (including child) to remedy the causes of possible disruption, and services have failed or the family has refused them; and either:
 - a. Mutual agreement has been reached by the prospective parent(s), child when appropriate, worker, and supervisor that the disruption should occur; or
 - b. Mutual agreement cannot be reached with the family but a determination has been made that the placement is not in the child's best interest, considering the following:
 - (1) Extent of appropriate attachment between child and family;
 - (2) Extent of physical or emotional progress made by the child in this placement;
 - (3) Risk of emotional or physical harm to the child if placement continues compared to the risk of emotional harm if disruption occurs;
 - (4) The family's willingness and ability to correct deficiencies which are preventing adequate care or parenting, including substantiated abuse or neglect.

B. Notification of Disruption

The worker will provide the prospective adoptive parents (those who have signed the "Adoption Placement Agreement") with written notice of the Department's intent to disrupt the placement at least ten days in advance of the proposed disruption. This written notice must include an explanation of:

1. The reason(s) for disruption; and
2. The procedure the parents must follow if they wish to file a grievance.

Exception: The worker can remove the child without the 10 days notice when:

1. Emergency removal is required under risk assessment model;
2. The worker documents that allowing the child to remain will result in emotional harm to the child; or
3. The family waives the ten days in writing.

C. Grievance Procedure

The Department will allow prospective adoptive parents to submit a written grievance regarding the decision to disrupt placement.

Time Guidelines

Parents who wish to file a grievance, must submit it to the Director of the Department:

1. Within five days after receiving the Department's written notice of intent to disrupt the placement; or
2. Within five days from the date of an emergency removal.

After a grievance has been filed, the Department will take no action to disrupt the placement until four days after the Director's decision has been issued. (This does not affect the possibility of an emergency removal.)

Grievance Conference

Within ten days after receiving the prospective adoptive parents' grievance, the Director of the Department or her/his designee will schedule and attend a conference with:

1. The prospective adoptive parents or their representative(s) or both, if requested by the parents;
2. The worker;
3. The worker's supervisor;
4. The Service Area administrator or the administrator's designee; and
5. The adoption specialist.

The Director has the authority to limit the number of persons in attendance at the conference if space is limited or if persons in attendance must be limited to ensure an orderly discussion and to protect the confidentiality of the child.

This conference will be used to informally discuss the disruption decision and to ensure that there is a clear understanding of the Department's reasons for disrupting the placement. Upon completion of the conference, the Director will review the disruption decision, and advise the prospective adoptive parents and the Service Area administrator of her/his determination in writing within five days after the conference.

D. Follow-up Service for Parents

After a placement has been disrupted, the Department may maintain involvement with the former adoptive parents, if the parents so desire (for up to three months), in order to assist the parents in obtaining counseling services to aid their adjustment to the child's removal. This assistance will not include payments for any services unless they are provided by another program for which the family is eligible.

E. Subsequent Adoptive Placement

Following adoption disruption, reinstate the adoption process at Section VII, "Assessing the Needs of the Child."

SECTION XVIII

PLACEMENT WITH FAMILIES APPROVED BY OTHER ADOPTION AGENCIES

When a child is placed with a family approved by another agency, the Department's guardianship status remains intact, including the need to continue its responsibilities toward the child and its ability to exercise guardianship rights. If the other agency is to supervise the placement, and there is no contract in place between the Department and that agency to cover this, a letter of agreement must be completed and signed by an authorized representative of the other agency and Department's adoption worker to clarify roles, responsibilities, and frequency of reports to the Department and the court. A copy of the agreement will be filed in the child's file. While recommendations from the agency are used, the Department has the right and responsibility to make relevant decisions (for example, finalization or removal).

1. When placement is made with a family approved by a adoption agency in Nebraska, the Department worker will:
 - a. Maintain an open case for the child;
 - b. Send a copy of all relevant material from the child's case record to that agency, including complete social history, medical, psychological, and basic education information;
 - c. Inform the supervising agency of the Department's post-placement requirements and purposes and of the grievance procedure for adoptive parents;
 - d. Request that the supervising agency provide him/her with adequate reports or narrative at specified intervals (no less frequently than every two months), using the information to assess progress of the placement and/or need for terminating the placement;
 - e. As needed, consult with the private agency or become directly involved with the family to assist in problem-solving or assessment (to be done only with the knowledge of the private agency);
 - f. Prepare and send court reports;
 - g. Complete or be responsible for completion of subsidy requests and finalization packet including copies of relevant private agency reports; and
 - h. Upon receipt of a certified copy of the adoption decree and signed petition to adopt, close the case, notify the county or juvenile court that the adoption is final, and forward the case record to Central Office for filing in the vault.

2. When placement is made with a family licensed or approved by a public or private agency in another state:
 - a. Maintain an open service case on the child;
 - b. Initiate Form PS-ICPC-100A, "Interstate Compact Placement Request," for services and follow all necessary ICPC procedures (See ICPC Worker's Guidebook.);
 - c. Inform the supervising agency of the Department's post-placement requirements and purpose requesting that these policies be followed, if possible;
 - d. Request that the supervising agency provide the worker with adequate reports or narratives at specified intervals (no less frequently than quarterly), and then use that information to assess progress of placement or need for terminating the placement. (If reports are not received, contact the ICPC specialist for assistance.);
 - e. As needed, consult with the out-of-state agency or become directly involved with the family to assist in problem-solving or assessment (to be done only with knowledge of the out-of-state agency);
 - f. Prepare and send court reports;
 - g. Complete or be responsible for completion of subsidy requests and finalization packet, including relevant reports of the other agency; and

- h. Upon receipt of certified copy of the adoption decree and signed petition to adopt, complete ICPC forms, close the case, notify the county or juvenile court, and forward the case to Central Office for filing in the vault.

SECTION XIX

NOTICE TO ABSENT FATHERS IN ADOPTION PLANNING

There is a legal and medical necessity to identify the father or possible fathers of children born out of wedlock or whose biological father may be some one than the mother's husband. This includes situations in which the mother has relinquished her parental rights or they were terminated by a court.

It is important to identify the father or possible fathers when the child becomes a state ward. The father's name should be given to the court and listed on the petition. He should then receive notices of any and all hearings. If the mother later relinquishes or her parental rights are terminated, the rights of this absent father could then be terminated on abandonment.

When the child becomes available for adoption if there is no father identified or involved the worker will present the mother with an "Affidavit of Identification of Father by Biological Mother" (see forms section) and ask that she complete it with information on the father or possible fathers. Based on the information by the mother on the affidavit and any other information, the worker is then mandated to use due diligence in notifying the father or possible fathers of their rights by use of registered mail or publication in a legal newspaper. The notice will be sent to:

- Any man adjudicated by a court in this state, another state or territory to be the father.
- Any man who filed a paternity claim for notification purposes with Vital Statistics.
- Any man who filed a notice of intent to claim paternity and obtain custody with the father's registry at Vital Statistics.
- Any man recorded on the child's birth certificate as the child's father.
- Any man who might be the biological father who has openly lived with the child's mother within twelve months of the birth of the child.
- Any man who has been identified as the biological father by the child's mother.
- Any man who was married to the child's mother within six months prior to the birth of the child and prior to execution of the relinquishment.
- Any man who the agency may have reason to believe may be the biological father of the child.

Adoptive parent(s) are asked to sign a statement that they accept the child as a legal risk placement.

The father or possible fathers have the right to file a "Notice of Intent to Claim Paternity and Obtain Custody" or "A Paternity Claim for Notification Purposes" on a revised form with the HHS's Biological Father Registry at Vital Statistics. If he files "A Paternity Claim for Notification Purposes" that means he wants to be noticed of his rights if the child is to be adopted. This form can be filed by the father anytime after conception. If he files a "Notice of Intent to Claim Paternity and Obtain Custody" he agrees to file an action in county court for custody of the child within 30 days of signing the form. He can file this form within five business days after the birth, or within five business days after receiving notice by registered mail or publication. If he files the form "A Paternity Claim for Notification Purposes" and he receives notice that he has been identified as a possible father by the mother, he must then file a "Notice of Intent to Claim Paternity and Obtain Custody" form with the five business days of receiving the notice, and then must file for custody within 30 days of filing that second notice.

If only one father is named by the mother and he relinquishes parental rights or his rights are terminated, and if no one else files a claim of paternity and obtain custody or a claim for notification, then the petition to finalize the adoption can be filed. Along with the adoption

packet, the agency must submit an affidavit swearing and attesting that we have used due diligence in identifying and noticing the father or possible fathers of the plan for adoption and his rights associated with it.

At the adoption hearing, the court will examine the evidence submitted on the affidavits by the mother and the agency regarding the possible father(s) and due diligence used by the agency in notifying him. The court could order the agency to exercise further due diligence or appoint a GAL to represent the interests of the absent father(s).

The GAL will, within 20 days, complete a search for the possible father(s) and report back to the court. The court will hold a hearing to determine the identity of the father and whether he has any legal rights to the child. The court will make a determination of the father's rights and custody of the child based on the following factors:

- Biological father's actual paternity.
- Whether he is a fit, proper and suitable custodial parent for the child.

The court could determine that the father's consent to the adoption is not required for a valid adoption based on one or more of the following:

- He abandoned or neglected the child after having knowledge of the birth.
- He is not a fit, proper and suitable custodial parent for the child.
- He had knowledge of the birth and failed to provide reasonable financial support for the mother or the child.
- He abandoned the mother without reasonable cause and with knowledge of the pregnancy.
- He had knowledge of the pregnancy and failed to provide reasonable support for the mother during the pregnancy.
- He filed a claim of paternity for notification purposed and when notified, did not file a claim of paternity and obtain custody form within the necessary time frame.
- He failed to file a timely intent to claim paternity and obtain custody after receiving notice by registered mail or publication.
- He failed to timely file a petition to adjudicate his claim of paternity and right to custody.
- The man is not the father of the child.

The court could, at that time, finalize the adoption or declare that the father has parental rights to the child (and award him custody). The best interest of the child is to be considered.

If the mother states that the conception was the result of incest or sexual assault or that notice to the father of his rights would endanger her or the child, the court could determine that the father does not receive notice of the hearing, nor is the agency required to notice the father.

The court may use its contempt power if anyone admits to having knowledge or information about the identity of the father(s) and refuses to disclose that information to the GAL or the court. This includes HHS staff.

FINALIZING ADOPTION

Process

Service Areas may vary in the specific steps for processing the adoption. Staff will follow the Service Area process and consult with the designated adoption staff before finalization. When post-placement service appears to be nearing completion, and the worker and team are in agreement that finalization is appropriate, the worker will:

1. Obtain name and address of the attorney retained by the family to finalize the adoption;
2. Prepare and send adoption packet to the designated Service Area adoption staff (see forms section). The packet should include:
 - a. A cover letter to the attorney, explaining enclosures, listing any further action needed regarding parental rights, and requesting two certified copy of adoption decree and a signed and dated copy of petition for adoption;
 - b. An adoption summary, which includes:
 - (1) Child's name, date of birth, and place of birth;
 - (2) Statement of how the child is free for adoption, such as relinquishment, termination, date of each parent's relinquishment, no claim of paternity, notice to possible father or death of a parent;
 - (3) Summary regarding adoptive parents (for example, name, address, age, and occupation, qualifications as adoptive parent(s).);
 - (4) Date and summary of placement in this adoptive home.
(NOTE: According to Nebraska Statute, a child must reside with family at least six months before finalization); and
 - (5) Recommendation that the adoption be finalized with dated signatures of both worker and supervisor;
 - c. One copy of the birth certificate (need not be certified) with certificate number;
 - d. One certified copy of termination orders, if applicable;
 - e. One original relinquishment from each parent, if applicable. If the relinquishment is signed by the parent after September 1, 1988, an original "Nonconsent to Release Identifying Information" (on green form), or "Affidavit of Explanation of Nonconsent" must accompany the relinquishment;
 - f. One certified copy and one photocopy of parental death certificates, if applicable;
 - g. Certificate of no claim to paternity plus one copy, if applicable;
 - h. Three typed agency relinquishments (signed by Service Area adoption staff);
 - i. One original completed Nebraska Adoption Medical History Form with information about the biological parent(s) and extended family;
 - j. Adoptive Home Study, with child abuse and criminal history check within one year;
 - k. If the mother was unmarried or the husband is not the father, a copy of the "affidavit of identification of father" signed by mother and notarized;
 - l. If applicable, any forms proving notice to the father or possible fathers;
 - m. If applicable, affidavits by the worker of due diligence to notice the father or possible fathers;
 - n. Necessary forms for mailing the packet by certified mail;
3. Complete necessary forms if subsidized adoption is needed and has not yet been approved;
4. Send a copy of the signed and dated adoption petition to the IM worker before the adoption.

NOTE: A copy of the above information for the adoption packet should be kept in the child's file.

Designated Staff in Service Area

Upon receipt of the adoption packet, the two designated adoption staff:

1. Review the packet for accuracy of documents and that all necessary documents are enclosed, or notify worker of the need for additional documentation or errors on the packet.
2. When both are in agreement that the packet is complete and accurate, one staff person will sign all the copies of the agency relinquishment, as established by Service Area procedures (two copies are sent to the attorney with the adoption packet and one for child's record).

NOTE: Signature must be by someone other than worker assigned to the case.

3. Within three working days, send appropriate papers to the family's attorney by certified mail.

Worker Responsibilities

The worker will:

1. Continue to provide minimum supervision and post-placement service, until the adoption is finalized. The worker will ascertain the adoption finalization date;
2. Provide a copy of the certified adoption decree, and signed petition to adopt to income maintenance staff, and a certified copy of the decree to the court of jurisdiction, upon receipt; a copy is also retained in the child's file;
3. Ensure that the family has received a copy of the decree and the adoptive birth certificate from their attorney. (If legal fees are being paid through Subsidized adoption, the bill should not be paid until copies are received by the family.);
4. The case will be closed by closing out the CWIS, FCPAY, state ward trust funds, any services being authorized for the Department, completing any filing, dictating closing summary, closing the case and forwarding the case file(s) to the vault. NOTE: If the child is Native American the court is to notify the Secretary of the Interior of the adoption.

SECTION XX

POST-FINALIZATION SERVICES

After finalization, adoptive parents have full parental rights and responsibilities for their child, legally and socially. Any services provided must be on that basis. Services include:

1. Requests for information after decree (See Section XXI, this Guidebook).
2. Subsidized adoption (See Section XXII, this Guidebook).
3. Consultation and referral: This service will be provided, but only at the family's request for assistance regarding problems they think are adoption-related or due to the adopted child's background. To be eligible, the family must have adopted a child who was a Department of Health and Human Services ward at time of finalization. This service does not include payment for services. It does include:
 - a. Casework service to assist family to identify problem(s);
 - b. Casework service to assist family to develop an action plan for solving problem(s); and
 - c. Assistance in locating appropriate resources and arranging for those services, including other Department programs, such as, social services programs, or medical assistance.
4. Support groups for adoptive families, parents, or children, or birth parents. Development of this service is encouraged but the Department is not required to provide it. The Department may sponsor group meetings to assist persons to cope with issues related to adoption. The following are eligible for service:
 - a. A family who has adopted a child who was a Department ward at the time of finalization;
 - b. A child who was a Department ward at the time of finalization;
 - c. A parent who relinquished his/her rights to the Department; or
 - d. A parent whose rights were terminated and whose child was then placed with the Department for adoption.
5. Serve as intermediary in adoptions with openness.

Child Abuse or Neglect Complaints

If a referral is received on an adoptive family who adopted a child through the Department or if such a child re-enters the care and custody of the Department, the family is served by P&S. The Protection and Safety worker assigned to the case should consult with the designated adoption staff regarding adoption issues. If the worker or supervisor involved in the adoption of the child is still employed by the Department, the P&S worker should contact him/her for details of the case history and involvement in future planning. The case record of the child before to the adoption should be obtained from closed records to gain background information and help in assessing the family's present situation. The child may need some non-identifying information about her/his biological family. Referrals for services for the family and child should consider the provider's knowledge base of adoption and the sensitivity to the child's needs related to her/his past and the adoptive family's stress related to the adoption.

The worker should assess the situation and work with the adoptive family just as he/she would with a biological family. The adoption specialist in Central Office is available for consultation and help in adoption related situations.

SECTION XXI

REQUEST FOR INFORMATION AFTER ADOPTION DECREE

Legal Basis

The regulations in this subsection are based upon Neb. Rev. Stat. 43-113 through 43-146.

Definitions

Identifying Information: Names, addresses, and dates of birth are considered to be identifying information, as are specific facts which allow for location or identification of an adopted person, or his/her birth or adoptive family.

Non-identifying Information: General information such as general occupational grouping, ethnic background, or rural or urban residence. Specific medical history is non-identifying when given to an adoptee, adoptive parents, or guardian, as long as the persons' names are deleted. Discretion must be used in determining if information is non-identifying.

Agency Records: After issuance of an adoptive decree and closure of a child's case due to adoption, that child's case file will be placed in the vault, is considered sealed, and is accessible only to authorized Department staff. Staff will release no information without following procedures on this subsection.

If the child becomes a Department ward after the adoption, relevant portions of the record may be made available to the worker as needed to work with the child. However, confidentiality regarding the birth family must be maintained.

Written Request: All requests for information or a reunion must be made in writing to and responded to by a program specialist in Human Services Division, Central Office. The program specialist may request assistance from a service area or local office in locating a person or making personal contact with that person. Staff will record all requests, efforts, and outcomes in the adopted person's closed file, and, if appropriate, the adoptive parents' file.

Persons from whom a request for information or reunion may be accepted are:

1. Birth parents;
2. Birth siblings;
3. Adopted person;
4. Adoptive parent; or
5. Adopted person's guardian.

Requests from other relatives may be considered, based on circumstances. If there is cause to believe it is necessary, the program specialist or his/her designee may require a notarized statement of request or some form of identification such as a driver's license.

Request for Non-identifying Information

The program specialist will release non-identifying information as follows:

1. When a request is received from an adopted person, adoptive parents, or guardian:
 - a. Provide non-identifying information from the adoptee's case file to the adoptive parent(s) or guardian, upon written request from the adoptive parent(s) or guardian, if the adoptee is under the age of majority; or
 - b. Provide non-identifying case file information to the adopted person, upon his/her written request if the adoptee has reached the age of majority.
2. When a request is received in writing from a birth parent or sibling, provide non-identifying information from the adopted person's case file to that birth parent or sibling. This information may include that the person was adopted and general information about the type of family (such as, professional couple, whether they had other children). Sharing must be done with discretion in order to ensure that it is not data which would identify the family to the birth parent or sibling.

Request by Adopted Persons or Adoptive Parents for Identifying Information or a Reunion

The program specialist will release identifying information as follows:

1. If the adoptee is age 24 or younger, no action will be taken without written consent of at least one adoptive parent or guardian. With this consent, make reasonable efforts to locate birth parent or sibling to obtain a written consent or refusal for contact:
 - a. If the birth parent or sibling supplies a written consent, the adoption specialist will:
 - (1) Assist in arranging the contact; or
 - (2) Provide the name and address directly to the birth parent or sibling if the adoptive parent has given written permission for the Department to do so. If the birth parent or sibling cannot be located or declines contact, notify the adoptive parent(s) or guardian (or upon their request, the adopted person); or
 - b. If the birth parent or sibling declines contact, but is willing to share information, pass that information to the adoptive parent(s) or guardian, or by request of the adoptive parent(s) or guardian, to the adopted person.
2. If the adoptee is age 25 or older, upon request to the Department, advise the adoptee to make a request for an Access to Information Form to the Bureau of Vital Statistics, and submit a copy of that response and his/her written request for a reunion to the Department. If the Vital Statistics response states that the birth parents have filed a nonconsent form, the Department will not attempt to contact the birth parents. If the Vital Statistics response states either that no forms are on file or a consent form is on file, the Department will make reasonable effort to locate the birth parent or sibling.
 - a. After submitting a copy of Vital Statistics' response to the Department and if appropriate, the program specialist will:
 - (1) Assist in arranging the contact;
 - (2) Release the name and address of the adopted person directly to the birth parent or sibling if the adopted person has given written permission for the Department to do so. If the birth parent or sibling cannot be located or declines contact, notify the adopted person of that fact; or
 - b. If the birth parent or sibling declines contact, but is willing to share information, pass that information on to the adopted person.

Request by Birth Parent or Birth Sibling for Identifying Information or a Reunion

The program specialist will release identifying information as follows:

1. If the adopted person is younger than the age of majority (except in unusual circumstances such as when important medical information is offered, prior arrangements or requests have been made with or by the adoptive parents for contact, or an inheritance has become available), the program specialist will inform the birth parent or sibling that his/her request and any information she/he wants to share will be placed into the child's closed case file. Inform him/her of the procedure to file a consent form with the Bureau of Vital Statistics, and that she/he has the option of contacting the Department after the adopted child reaches the age of majority to again request assistance. No contact will be attempted. When unusual circumstances exist and if appropriate and if the county of adoption is known, the program specialist will advise the requester to contact the judge of the county of adoption for assistance or court order to Vital Statistics procedures outlined in item 2 will apply.
2. If the adopted person has reached the age of majority, but is younger than age 25, make reasonable efforts to contact the adoptive parent or parents, notifying them of the birth parent's or sibling's request:
 - a. If the adoptive parent(s) desire(s) a contact and submit(s) a request in writing, the program specialist shall:
 - (1) Assist in arranging the contact; or
 - (2) Release the name and address of the adopted person directly to the birth parent or sibling if the adopted person has given written permission to do so. If the adoptive parent or parents declines contact, or cannot be located, advise the birth relative of that fact, suggest that she/he file a consent form with Vital Statistics, and inform her/him that the request will be kept in the adopted person's closed file should the adopted person or adoptive parents request contact in the future; or
 - b. If the adoptive parent refuses contact, but is willing to share information, pass such information to the birth parent or sibling.
3. If the adopted person is age 25 or older and the birth parent or sibling has filed a Consent Form with the Bureau of Vital Statistics, make reasonable efforts to notify the adopted person of that request:
 - a. If the adopted person desires a contact and submits such request in writing, the program specialist will:
 - (1) Assist in arranging the contact; or
 - (2) Release the name and address of the adopted person directly to the birth parent or sibling if the adopted person has given written permission to do so. If the adopted person declines contact or cannot be located, advise the birth relative of that fact, and suggest that she/he file a Consent Form with Vital Statistics, and inform him/her that the request will be kept in the adopted person's closed case file should the adopted person request contact in the future; or
 - b. If the adopted person refuses contact but is willing to share information, pass such information to the birth parent or sibling.

Maintenance of Confidentiality

In the process of attempting contact with a birth relative, Department staff will not discuss or reveal in any manner to anyone other than that particular relative being sought the nature of the contact, name, nature, or business of the Department, or any other information which might indicate or imply that such relative is the birth parent of the adopted person.

SECTION XXII

SUBSIDIZED ADOPTION PROGRAM

Policy

The Department's subsidized adoption program provides or continues financial assistance for an eligible child after an adoption is finalized. This program ensures that financial barriers or costs associated with a child's special needs do not prevent adoption. The subsidy is to meet the child's needs by helping the parents meet their responsibilities. Families adopting with subsidy will meet the same criteria established for any other adoptive family.

There is no statewide requirement that an annual review of the subsidy must be done. Individual Service Areas may choose to do them.

The application and agreement for subsidy must be completed and approved before the adoption finalization hearing. (The only exception to this is in Section D, Retroactive Subsidy Approvals.)

The criteria for state and federal subsidy, types of subsidy, and coverage are described in 390 NAC 6.003. The process to obtain a subsidy is described in this Worker's Guidebook.

Process

During the placement process or the post-placement period, the child's worker and supervisor will conduct an assessment of the child to determine if the child has mental or physical needs and share this with the adoptive family. A copy is to be put in the child's file. Worker and supervisor and adoption staff will determine whether the potential for subsidized adoption should be discussed with the family. If the child is eligible and it appears that subsidy will be needed, the worker should assess the need for subsidy and negotiate the type and amount with the family.

A. Application for Subsidy

To determine the child's eligibility for subsidy, the worker will:

Assure that the child is a ward at the time of adoption.

Note: A child is not eligible for subsidized adoption if the child is under the guardianship of another person(s) such as a child who has subsidized guardianship. If the child is a ward of a private adoption agency, contact the adoption specialist for eligibility determination.

Note: If a child was eligible for a federal subsidy and then the parental rights of the adoptive parents are terminated, relinquished, or they are deceased, the child will retain his/her eligibility for federal subsidy when the child is adoptive by another family. The eligibility requirements are met if the child was eligible prior to the first adoption.

1. Explain the subsidy program and negotiate a rate with the adoptive family.
2. Complete the PS-AS-50, "Determination of Child's Eligibility for Subsidized Adoption."
3. Complete or assist the family to complete Form PS-AS-51, "Application for Subsidized Adoption," with appropriate signatures. (The PS-AS-50 and PS-AS-51 may be completed at the same time.)

4. If pre-existing medical needs are to be covered, obtain documentation for each condition to be included and attach a recent (no older than six months) report from a physician or qualified practitioner which states:
 - a. Diagnosis, including severity of condition;
 - b. Present and future care or treatment required or likely to be needed; and
 - c. If a specific procedure is required, when it likely will be completed and an estimate cost (required for dental or orthodontic work).
5. Send the Determination (PS-AS-50) application (PS-AS-51) and documentation to the designated adoption staff in the Service Area for review and approval.

The designated adoption staff in the Service Area will determine if the child is eligible for subsidy and sign and return the Determination and Application forms to the worker in a timely manner or explain what is still needed or why the child is not eligible.

B. Agreement for Subsidy

When the worker receives the application he/she will notify the adoptive family of approval or denial. If the subsidy is approved, the worker will:

1. Prepare Form PS-AS-52, "Agreement for Subsidized Adoption";
2. Obtain the signatures of the family, discuss the details of PS-AS-52 with the family including their responsibility to notify the Department of changes in circumstances which would make them ineligible to continue to receive the subsidy and that subsidy does not transfer if both adoptive parents in a two-parent family or the only parent in a one-parent family dies. If there are circumstances that would warrant future adjustments to reduce the subsidy, they should be listed in the agreement; and
3. Send the form to the designated adoption staff in the Service Area.

When the agreement is signed by the designated adoption staff one copy is sent to the family and one retained in the child's record.

C. After Finalization Hearing

The worker will send the "Determination" (PS-AS-50) Application (Form PS-AS-51), supportive documentation, the Agreement (PS-AS-52), the court order closing the case, the adoption decree and adoption petition to the Income Maintenance worker responsible for payment of this program.

D. Retroactive Subsidy

The subsidy may be approved within three years after the finalization of the adoption if the child is diagnosed with a physical or mental illness or condition which predates the adoption and the Department did not inform the adopting parents of such conditions prior to the adoption and the condition is of such nature as to require medical, psychological or psychiatric treatment that is more intensive than ordinary childhood illnesses.

In order to approve a retroactive subsidy all the following criteria must be present.

- The child who was adopted was a ward of the Department of Health and Human Services at the time that the adoption was finalized.
- The adoptive family contacted the agency and made a written request for subsidy within three years after the date that the adoption was finalized.

- The child is diagnosed with a physical or mental illness or condition which was present prior to the adoption finalization.
- The agency did not inform the adoptive parents of these condition(s) prior to the adoption. This criterion can be met even if the Department did have the information prior to the adoption. For example, it is possible that the condition could not be diagnosed prior to the adoption due to the age of the child. It also would exist if the Department had the information and did not provide it to the adoptive family.
- The condition requires medical, psychological or psychiatric treatment. Documentation from a medical professional stating that the condition was preexisting (prior to the adoption finalization) must be provided by the family.
- Treatment is more intensive than an ordinary childhood illness. This factor will also need to be documented by a professional.

Approval Process for Retroactive Subsidy

Applications for this subsidy should be made in writing from the family on forms PS-AS-50, "Determination of Child's Eligibility for Subsidized Adoption," and PS-AS-51, "Application for Subsidized Adoption." However, the "application date" will be considered as the date on which the family made any written request about receiving retroactive subsidy.

The documentation of the child's special needs and preexisting conditions must be documented by a medical professional specifically addressing:

- The child's diagnosis
- Documentation that the child's condition is more intensive than an ordinary childhood illness
- The progress and length of anticipated treatment
- Length of time that the child has had the condition and that it was preexisting to the time of the finalization of the adoption

A team should be convened to make a decision on approvals of the retroactive subsidy based on the application, documentation and other information.

The team should include the adoption specialist from Central Office or designee, the supervisor, adoption subsidy worker, PSW worker and supervisor who finalized the adoption, if available.

If the approval is made, PS-AS-50 and PS-AS-51 should be signed as approved. PS-AS-52, "Subsidized Adoption Agreement," should be signed by all parties and the subsidy should be opened as an ongoing subsidy.

If the subsidy is not approved the family will be notified by use of these same forms.

Medicaid Coverage

If the subsidy is approved, a Medicaid card will be issued for the child. The adoptive family should be informed about the Medicaid program including:

- Medicaid providers must be used
- The family's health insurance will be billed before using Medicaid funds

Coverage for Preexisting Conditions

Preexisting conditions covered in the subsidy include only those documented by the medical professional during the retroactive application process as existing prior to the adoption. For comprehensive information regarding coverage for preexisting conditions, see 390 NAC 6-003.03B, C, D.

If a family makes a written application within three years of the date of the adoption, and during the approval process the three-year period expires, the child could receive subsidy if all other conditions are met.

Coverage under the subsidy will be made retroactive to either the date that the family made a written request, or the date that Medicaid coverage became effective, whichever is earlier. However, no bills will be paid for treatment prior to September 13, 1997, the effective date of Nebraska Revised Statutes 43-117(2). Payment for Medicaid treatment during this retroactive period will be made at Medicaid rates even if the payment must be made from child welfare funds.

At the time of the application for retroactive subsidy, the family must be informed in writing that if the application is approved, bills prior to the actual issuance of the Medicaid card will be paid only to a Medicaid provider. Therefore, they are to be informed that they may want to be sure that their current provider is a Medicaid provider, or locate another provider who is a Medicaid provider. The family should also be informed that all payments will be made using Medicaid rates and Medicaid guidelines. Payment for bills during this retroactive period not falling under the Medicaid program will be the family's financial responsibility.

Items Not Covered Under Retroactive Subsidy

Retroactive subsidy is limited to payment related to medical treatment. Payments which cannot be covered include:

- Maintenance payments
- Legal fees to finalize the adoption or as part of the process to request and set up the retroactive subsidy
- Other requests by the family for the payment of expenses such as:
 - Respite Care
 - Child care
 - Repairs to the home
- Payments made directly to the family as reimbursement for medical/psychiatric/psychological care

Changes

A. Increase

The family's request for an increase in maintenance will be based on an unusual expense (one not generally incurred by a family) due to the child's special needs. The maintenance amount will be less than the Department would expend for the child if the child were a ward. The "Subsidized Adoption Renewal or Change Request" (Form PS-AS-53) will be completed and signed by the family, worker and supervisor. Approval for the increase will be decided by the adoption staff in the service area designated to approve subsidy along with the worker and supervisor. A team approach is encouraged.

B. Reduction

If the worker and supervisor feel that the circumstances have changed and that renegotiation or adjustment of the subsidy are needed and they were indicated in writing in the original agreement they can discuss reducing the amount with the family. These are only to be done if there are changes in the special needs of the child or circumstances of the family.

The subsidy may not be automatically adjusted without the written agreement of the adoptive parents.

If a child enters foster care, the worker can make a referral to the child support office to assess payment of child support. Whether to make a referral for child support is done on an individual basis when appropriate. To determine if this referral is appropriate is on a case-by-case basis considering the best interest of the child and the circumstances of the family. In determining this, the questions to be asked are:

1. Are the parents working toward reunification with the child consistent with the case plan?
2. Would the referral impede the parents' ability to reunify with the child?
3. Has the parent agreed to pay the cost of out-of-home care?
4. Has the parent agreed to accept a reduction in the subsidy while the child is out of the home?

The worker and supervisor can use a team of other staff to help make the decision to make such a referral.

Subsidy payment cannot automatically be stopped by the agency when the child enters foster care unless the parent is considered to be no longer legally responsible for support of the child, or not providing any support for the child.

A parent is considered no longer legally responsible for support of child when the child becomes an emancipated minor, marries or enlists in the military.

In determining if the family is providing support to the child, the worker and supervisor should recognize that if the family is paying for therapy, tuition, clothing, maintenance of special equipment in the home or services for the child's special needs, visiting the child in care, having the child visit the home, cooperate in activities to have the child return, they are considered to be providing support to the child.

The worker and supervisor may meet with the family to re-negotiate a reduced amount which should be agreed to in writing for the time that child is in out-of-home care.

Subsidy payment cannot be reduced without the family agreeing in writing unless they are no longer supporting the child. If the family refuses to support the child but are not agreeing to a reduction in subsidy, the worker will refer them to child support.

C. Transfer of Subsidy

A stepparent who has adopted a child while married to an original adoptive parent may request a transfer of subsidy to himself/herself. The "Subsidized Adoption Renewal or Change Request" (Form PS-AS-53) should be completed and submitted to the designated staff for approval. A new PS-AS-52 will also be signed.

Process for Payment for Residential or Inpatient Psychiatric Care

The policy for payment for residential psychiatric care is found in 390 NAC 6.003.

D. Approval for Payment of Inpatient Treatment

Approval for payment for inpatient psychiatric care is given through the process used by state wards prior to the child's admission to the hospital or program.

When a family requests approval for coverage of out-of-state residential or inpatient or instate residential psychiatric treatment the following process will be used:

The post-finalization worker should:

- Review the PS-AS-52 to assure that coverage of such treatment was indicated on the subsidized adoption agreement.
- Discuss with the family the requirements and coverage which might be available, including use of other resources and the need for documentation.
- Assist the family in locating and considering less restrictive alternatives or programs, if appropriate.

Inform the family that:

The Peer Review Organization (PRO) will approve or deny the placement and serve as the utilization review for a Medicaid eligible child in a Medicaid enrolled facility. If a facility is not enrolled in Medicaid or the child is not Medicaid eligible, a local team including adoption staff and Central Office staff will approve or deny the placement and review the continued stay. (Children receiving subsidized adoption are not covered under managed care.)

For HHS approval in non-Medicaid situations, the worker should:

- Request the family to provide necessary reports or a release of information so the worker can obtain them. If the family refuses, the worker should deny the request based on lack of information.

The documentation needed is as follows:

1. A report from a licensed psychiatrist or licensed clinical psychologist which includes:
 - a. A complete diagnosis and its relationship to a pre-existing condition covered under the subsidy agreement;
 - b. Goal of treatment, including involvement of family;
 - c. Treatment which will be received, and anticipated length of stay;
 - d. Anticipated results of stay;
 - e. How the facility will address adoption issues such as abandonment, attachment, separation and loss of birth family;
 - f. How the facility will involve the adoptive family in treatment;
 - g. Need for level of treatment as opposed to less restrictive alternatives;
 - h. Discharge plan, including available treatment resources.
2. A written statement from the parents should include:
 - a. Attempts to use other resources and programs (If the facility is out of state, reasons a Nebraska facility is not appropriate or available.);

NOTE: If a family has refused contact with the child or involvement in the planning for the child, the worker should consider whether a CPS referral is appropriate.

- b. How they will remain involved with the child in planning for return home;
- c. How they will participate financially in the treatment in meeting the child's needs, including the use of private insurance and personal resources;
- d. Plans for treatment and their involvement in child's treatment after discharge;
- e. Commitment to child returning home.

A statement from the worker which includes:

- A written recommendation for approval of care and necessary documentation to the designated adoption staff in the Service Area. This recommendation will include the worker's and supervisor's opinion whether or not:
 - This placement is the least restrictive alternative available;
 - This placement is in the child's best interest;
 - The family is involved and planning for the child's return home; and
 - The request should be approved.

The team of local adoption staff and Central office will make a decision on approval or denial of the placement in ten days and inform the worker.

Services

1. The family will be informed in writing of the decisions about placement approval or denial.
2. The family will be involved in the child's treatment and eventual return home as recommended by the facility; and
3. If the approved placement is outside of Nebraska, the worker will assist the family in completing the ICPC forms (See ICPC Worker's Guidebook.).

While the child is in inpatient psychiatric treatment, the worker will:

- Support the family and child;
- Obtain documentation and progress reports from the facility and submit them to the HHS team reviewing the treatment continued stay;
- Discuss a lower subsidy payment; (see changes in subsidy, Reduction, this Guidebook) and
- Assist the family with visits as necessary.

See 390 NAC 6.003 for review of approval and termination of payment criteria.

Interstate Compact on Adoption and Medical Assistance (ICAMA)

If an adoptive family of a child receiving federal subsidy moves to another state, appropriate forms will be completed and processed to the new resident state who will open Medicaid coverage for the child. Nebraska Medicaid coverage will terminate at that point. The IM-FC subsidy worker will complete these forms and forward them to the designated ICAMA staff member in Medical Services in Central Office

Non-Recurring Subsidy

The following procedure will be followed for non-recurring subsidy:

1. The adoptive parent(s):
 - a. Completes and signs Form PS-560, "Determination of Child's Eligibility for Subsidized Adoption - Nonrecurring Expensed Reimbursement"; and
 - b. Mails Form PS-560 with appropriate documentation to the adoption specialist, Protection and Safety Division, Nebraska Department of Health and Human Services, for approval;
2. The adoption specialist:
 - a. Reviews Form PS-560 and makes determination. The adoption specialist may approve, deny, or request more information; and
 - b. Returns Form PS-560 to the adoptive parent(s) or agency within ten days.
3. When the child is determined eligible, the adoptive parent(s):
 - a. Completes and signs Form PS-561, "Agreement for Subsidy - Nonrecurring Expense Reimbursement." NOTE: Form PS-561 must be signed by the adoptive parent(s) and the adoption specialist before the adoption is finalized.
 - b. Returns Form PS-561 to the adoption specialist, Protection and Safety Division, HHS; and
 - c. Submits all bills or receipts for reimbursement at one time along with a copy of signed Form PS-562, "Request for Reimbursement - Nonrecurring Subsidy Payment," to the adoption specialist within two years of the adoption finalization date.

HHS makes one payment only to the adoptive parent(s). The payment does not exceed \$1,500. The agreement is considered completed after payment is made.

Social History Outline

The Social History should include but not be limited to:

- The reasons the child came into care and reunification could not occur;
- Birth family information;
- Information regarding past and current significant others in the child's life, and attachments formed;
- Development of the child, including sexual development;
- Medical history, including psychological;
- School progress, including special education services;
- Relationships with peers, siblings and adults;
- Personal information about the child, such as likes and dislikes, abilities, activities;
- Worker's and foster parent's evaluation of the child;
- The family history, including parent's ethnicity, health, hobbies, likes and dislikes;
- The child's behavior, particularly any known or suspected tendencies which could be dangerous or detrimental to the child, the adoptive family, or others, including but not limited to:
 - sexual acting out;
 - molestation; or
 - violence.

FORMS

Forms 56

HHS-AR-61 Adoptive Placement Agreement

Information to be Shared with Adoptive Families

Open Adoption Considerations

Open Adoption Outline for Court Report

Home Study Formats and Self-Studies

Adoption Finalization Packet

CFS-13

Sample Adoption Summary

Relinquishment of Child for Purposes of Adoption

HHS-AS-50 Subsidy Determination

HHS-AS-51 Subsidy Application

HHS-AS-52 Subsidy Agreement

HHS-AS-53 Subsidy Review/Changes

HHS-560 Non-Recurring Subsidy Determination

HHS-561 Non-Recurring Subsidy Agreement

HHS-562 Non-Recurring Subsidy Request for Reimbursement

Forms for Notice to Absent Father

L-33 Father's Claim of Paternity and Instructions

General Information: Biological Father Registry/Notices of Intent to Claim Paternity

LB712J Statement of Necessity To Identify Father

LB712C Affidavit of Identification of Father by Biological Mother

LB712I Sample Letter to Father

LB712P Registered Mail Information

LB712K Sample Notice to Father by Publication

LB712O Information For Newspaper Publication for Notice to Father

LB712L Statement of Father

LB712M Waiver of Written Notice By Father

LB712A Statement of Legal Risk

LB712N Affidavit By Agency

LB712F Documents Proving Notice to Father to send with Adoption Packet

LB712B Hearing To Determine Father's Rights

Nebraska Adoption Medical History (Birth Mother)

Nebraska Questions and Answers on MEPA/IEPA

Information to be Shared with Adoptive Families

A listing of the types of information to be shared with adoptive families helps to convey the depth of knowledge required in the adoption approval process:

Issues in Education and Training

- Explanation of state and federal regulations, laws, and policy;
- The importance of other persons, including the birth family in the child's life;
- Effect of child abuse and neglect on child development;
- Discipline, including the child's past experience;
- Rejection, separation, loss and gain issues;
- Recognition of multiple family relationships;
- How to use community resources and support;
- Becoming an advocate, being assertive;
- Identification of cultural issues and values;
- Sexuality and its manifestations in the child;
- Transition to independent living for older adolescents; and
- The importance of establishing or re-establishing involvement with birth parents or other significant persons in the child's life.

Issues in Information Sharing Between the Family and Adoption Agency

- Clarification of the family's and agency's respective roles;
- The child's experiences, genetics and birth process and background;
- Available resources, including financial assistance and wrap around services;
- Family support systems.

Issues in Assessment and Parent Preparation

- Sexuality and sexual expression
- Family composition
- Life style and values
- Parents' childhood experiences and discipline
- Religious beliefs, practices, and spirituality
- Separations, losses, and resolution
- Parenting experiences, including parent's own
- Self assessment

INFORMATION TAKEN FROM "BUILDING A MODEL ADOPTION PROGRAM: GUIDELINES FOR PUBLIC ADOPTION AGENCIES" BY THE NATIONAL RESOURCE CENTER FOR SPECIAL NEEDS ADOPTION, SEPTEMBER, 1992

Issues in Assessment and Parent Preparation (Continued)

- Definition of family, understanding and acceptance of extended and multiple families for a child
- Family support system, including respite care possibilities
- Disciplinary patterns and experiences
- Personal and collective history of abuse and neglect
- Drug and alcohol use and recovery
- Genograms and ecomaps
- Ages of family members and birth order expectations
- Marriages, and terminations
- Health, disabilities, and attitudes toward "less than perfect"
- Family planning and infertility, if relevant
- Educational expectations for the child
- Other expectations for the child (i.e. fantasy child, projection of unfinished business in own life on child)
- Family's and extended family's views toward adoption
- Family's coping capacity:
 - communication skills
 - adaptability
 - flexibility
 - problem solving skills
 - ways of expressing emotions
 - daily life styles
 - ability to and ways of handling crises
 - celebrations
 - traditions
 - strengths and ability to utilize community resources
 - teaching and learning within the family
 - emancipation experiences
 - hopes and expectations for family members
 - financial circumstances and money management
 - attitudes toward materialism
 - attitudes toward multi-family relationships (siblings, relatives)
 - attitudes toward openness in adoption search and reunification issues
 - relinquishments and return to birth family
 - assertiveness and advocacy strengths
 - neighborhood and community
 - criminal background checks and references

INFORMATION TAKEN FROM 'BUILDING A MODEL ADOPTION PROGRAM: GUIDELINES FOR PUBLIC ADOPTION AGENCIES" BY THE NATIONAL RESOURCE CENTER FOR SPECIAL NEEDS ADOPTION, SEPTEMBER, 1992

OPEN ADOPTION CONSIDERATION

CHILD'S NAME: _____

Birth ParentName:
Address:
Phone No.:

Request:

AttorneyName:
Address:
Phone No.:Adoptive Parents:Name:
Address:
Phone No.:

Agree to:

Child:Name:
Age:
Situation:

Wishes for contacts.

GAL:Name:
Address:
Phone:

Recommends:

Other .

Name:
Address:
Phone No.:
Recommends:

Other

Name:
Address:
Phone No.:
Recommends:

Other DSS staff:

Report from Meeting/Staffing

Who Attended:

Discussion:

Decision:

Recommendation to the Court:

Rationale:

OPEN ADOPTION

OUTLINE FOR REPORT TO THE COURT

Background of Case

Details of requests for openness
Opinions of those involved

Child
Adoptive parents
Birth parent
Guardian ad litem
Others

Summary

Positive
Negative
Recommendations

Contacts
Communications

IDEAS FOR SAMPLE AGREEMENT

Contacts

How often
Holidays
Birthdays
Who will contact
Who will be involved

Communication

Letters
Pictures
How often

Notification

Death or illness of either parent or child
Change in address

Adoption Finalization Packet

- ___ Cover letter to attorney – one original and one photocopy
- ___ Adoption Summary – one original and one photocopy
- ___ Three (3) unsigned agency relinquishments.
- ___ Parental rights forms
 - ___ One original and one photocopy of relinquishment by parent
(With affidavit or non-consent)
 - ___ One certified and one photocopy of termination of parental rights
 - ___ Two (2) copies of certificate of no claim of paternity
 - ___ One certified and one photocopy of death certificate of parent
- ___ Affidavit by worker of due diligence to notify absent father, if appropriate
- ___ Forms use to notify father
- ___ Affidavit of Identification of Father by Mother
- ___ Medical History forms
- ___ Birth Certificate
- ___ Large manila envelope addressed to attorney with certification slip and return receipt
- ___ Subsidized adoption forms (if applicable)

Questions - call Mary Dyer, Adoption Specialist, (402) 471-9331.

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



DEPARTMENT OF SERVICES • DEPARTMENT OF REGULATION AND LICENSURE
DEPARTMENT OF FINANCE AND SUPPORT

STATE OF NEBRASKA

MIKE JOHANNIS, GOVERNOR

Name & Address
Of Attorney

RE: The Adoption of Child Name
By Adoptive Parents

Dear Attorney:

We are sending to you by certified mail a copy of all pertinent legal forms including the relinquishment by the Nebraska Department of Health and Human Services, the papers which must be filed with the adoption petition in accordance with Sections 43-104, -105, R.R.S., Nebraska 1943, as amended.

Child has/have lived with adoptive parents on foster care or adoptive basis since date placed under the supervision of the Department of Health and Human Services. In our opinion, child has/have received adequate, loving care and the security of a good home. We recommend that the adoption be completed. A copy of our recommendation is enclosed and should be shared with the Judge hearing the adoption petition.

Adoptive parents understand(s) that you will be able to obtain for him/her/them an adoptive birth certificate under the provisions of Section 71-626 and 71-627, R.R.S. Nebraska 1943. The birth certificate number is no. of BC State of state of birth. A copy is also enclosed for your convenience.

The Nebraska Department of Health and Human Services has had custody of this child and it is necessary that we officially close our records upon completion of the adoption. Therefore, we will appreciate receiving a certified copy of the adoption decree and a signed and dated copy of the petition to adopt for each child sent to _____ at the address below. Thank you for your cooperation in this matter.

Sincerely,

Mary Dyer
Adoption Specialist
Human Services Division

Child Welfare Worker

HS-78:

Enclosure

Sample
ADOPTION SUMMARY

Child: _____
Birthdate: _____

Adoptive Parents: Mr. and Mrs. _____
Address: _____

(Child) was born in Omaha, Nebraska on November 20, 1984. Due to chronic mental illness on the part of the biological mother, (child) as placed on a county attorney hold at the hospital after birth. She was placed in the temporary foster home of _____ when she was released from the hospital on November 26, 1984. She has remained with the adoptive parents since that date. On November 19, 1985, the biological mother relinquished her parental rights. On April 28, 1986, the Juvenile Court of Douglas County terminated parental rights on the biological father, thus making child free for adoption.

Mr. and Mrs. adoptive parents have had (child) in their home since November of 1984. They kept her first in foster care and expressed a strong desire to adopt her if she ever became available for adoption. When (child) become available, they cooperated in having an adoptive home study completed. They also attended our adoption classes and had their older children attend adoption classes for siblings. They have remained committed to adopting (child) and seem very appropriate as she is very bonded to them and knows no other parents but the (child) has been treated as a very special member of the adoptive parents family. Her medical needs are met and attended to as Mrs. adoptive parent is a registered, nurse. The family has shown her great love and the extended family has welcomed her also.

Mr. and Mrs. adoptive parents have been told the complete history of mental illness on the part of the biological mother. They are adopting (child) with the full knowledge that these illnesses are sometimes inherited. The adoptive parents have not hesitated in their desire to adopt despite this.

(Child) has flourished under the direct love and care provided by the family. Therefore, the Nebraska Department of Health and Human Services definitely recommends that this adoption be finalized.

Protection & Safety Worker Date

Protection & Safety Worker Date

HOME STUDY - FOSTER/ADOPTIVE

Applicants:

Address:

County:

Telephone: Work: (area code)
 Home: (area code)

Race:

Date of Application:

Date of Approval:

Prepared by: Name

Position

Unit

Telephone

I. Summary of Agency Contacts

A. Description of Contacts

1. Initial contact date
2. Referral source
3. Prior contacts or studies by this agency or others.

B. Interviews held: date, place, who attended

C. Participation in foster or adoptive training: date, place

D. Self-study completed? Yes ____ No ____

II. Background and Personality of Applicants

A. Wife

1. Birthdate, age
2. Education
3. Current position and future career goals
4. Personality/maturity
5. Family background including relationships to siblings and extended family members
6. Significant life experiences
7. Social problems, including drug, alcohol, legal, etc. and effect on present functioning

B. Husband (same as above)

C. Children

1. Name, birthdate, grade level
2. Description of child (abilities, interests, personality, special needs)
3. Child's perception of foster care/adoption and ability to relate appropriately

III. Marriage

- A. Previous marriage(s)/length of present marriage
- B. Courtship
- C. Current functioning
 - 1. Decision-making process
 - 2. Resolution of conflicts
 - 3. The marital relationship
 - 4. Attitudes toward the spouse's family
 - 5. Readiness to foster/adapt and resolution of fertility problem (if any)

IV. Family Life Style

- A. Work and play: interests, activities, hobbies
- B. Religion
- C. Living arrangements
 - 1. Description of home
 - 2. Sleeping arrangements
- D. Income and financial management
 - 1. Income
 - 2. Ability to live within the income, money-management
 - 3. If adoption - Insurance (including medical)
 - 4. Unusual circumstances/expenditures
- E. Community resources and support systems
 - 1. Extended family and friends
 - 2. School (including special education)
 - 3. Churches
 - 4. Medical
 - 5. Other
- F. Changes anticipated in life-style after a child is placed

V. Parental Experiences

- A. Families with children
 - 1. Parenting style and experience with children
 - 2. Nurturing style
 - 3. Methods of discipline
 - 4. Goals and aspirations for children
 - 5. Needs which children are expected to fulfill for parents
 - 6. Understanding of and ability to meet child's physical and emotional needs

VI. Motivation to Foster or Adopt Children

- A. How and when did the intention to adopt or foster come about
- B. Feelings of other family members, including children, about the decision to adopt/foster children
- C. Attitudes regarding birth parents and child's family history, including contact with the birth or foster family
- D. Ability to work with the agency
- E. Interest in openness in adoption
- F. Plans for assimilating the child into the family, including -
 - 1. Social differences
 - 2. Handicapping condition
 - 3. Displacement of older children already in the family
- G. If adoption, how will the child be told of his/her adoption and background
- H. The family's understanding of and plan to assist the child to value his/her family and cultural background

VII. References

VIII. Medical report, including -

- A. Identification of any condition which may be expected to affect parenting ability, either as a strength or weakness
- B. Treatment plan

IX. Licensing, if applicable, including -

- A. Law enforcement check
- B. Central Registry check

- X. Evaluation - worker perception of the physical, emotional, and intellectual aspects of the applicants; major strengths/limitations, ability of family to accept a child different from selves; flexibility; summary of the self-study and adoption and/or foster parent training experience, if any

XI. Statement of approval/disapproval and reason for the decision, including -

A. Type of child

1. Age range
2. Sex
3. Race
4. Physical handicap
5. Emotional handicap
6. Learning disabilities
7. Mental retardation
8. Child in need of placement with siblings
9. Medical risk
10. Legal risk and/or fos-adopt
11. Child in need of openness

XII. Signatures

(Worker)

Date

(Supervisor)

Date

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

SELF-STUDY OUTLINE

FAMILY LAST NAME: _____

Husband: _____
 first name middle nameWife: _____
 first name middle nameAddress: _____

 city state zip code

The attached self-study outline is designed for use as a tool in the home study process.

There are no right or wrong answers to the questions asked. They are intended as a means to bring about growth and increased awareness of your attitudes and expectations about foster/adoptive parenthood.

We request that the completed outlines be given to the worker prior to the first home visit.

Date_____
Social Service Worker

Section I

Note: Section I is to be prepared by each applicant.

I. PERSONALITY OF APPLICANT

A. Describe yourself as a person.

1. What kinds of things in life are most important to you?
2. What kinds of things have been stressful (crises) and how did you deal with them?
3. What would you like to change about yourself?
4. What kinds of satisfactions/dissatisfactions do you get from your chosen occupation?
5. What do you do for fun and relaxation?

B. Social Background

1. Where were you born?
2. Where were you raised?
3. Give the names and ages of all brothers and sisters, and describe how you got along with them as a child.
4. How do you and your parents get along now?
5. What things were important to your parents as you were growing up?
6. What kinds of messages did you get from your parents? How did they show affection? Anger? How did they discipline?
7. Were there things about your childhood that you would like to have changed?
8. Were you satisfied with your educational experiences?

C. Information about your children

1. What are their names and ages?
2. Describe each child's personality; including, likes and dislikes.

3. How do they respond to each other and to other children in the neighborhood and in school?
4. Do they get along best with older or younger children? Explain.
5. Have you talked to your children about the possibility of a foster or adoptive child sharing your home? If so, what were their reactions? If you haven't talked to your children about this possibility, why not?
6. What means of discipline or limit setting do you find most effective?
7. What means of discipline or limit setting does not seem to work very well with your children?

D. Marriage

1. Describe your spouse as a person and as a marriage partner.

E. Reason for Doing Foster Care or Adopting

1. Why do you want to foster or adopt a child(ren)?

Section II

Note: Section II is to be prepared jointly by husband and wife.

II. MARITAL AND FAMILY EXPERIENCES AND EXPECTATIONS

1. How and where did you meet?
2. What attracted you to each other?
3. What were your expectations for marriage?
4. Were either of you married previously? If so, under what circumstances did the marriage end?
5. If previously married, were there any children? If so, what is your present relationship to these children?
6. What are the most satisfying aspects of your marriage?
7. What kinds of problems or frustrations have you experienced within the present marital relationship? How have you solved these problems together?
8. How do you make decisions within your family about such things as money management, vacations, curfews, and other major family decisions?
9. How is affection expressed in your family? How is anger expressed?
10. What are the rules of your household?

Section III

Note: Section III is to be prepared jointly by husband and wife.

III. FEELINGS ABOUT CHILDREN

1. What type of child, including age and behaviors, have you enjoyed the most?
2. What type of child have you least enjoyed? Why?
3. Can you imagine a child ever being allowed to win an argument in your home?
4. If you have your own children, what do you find particularly appealing about them?
5. What kinds of activities do you visualize yourself engaged in with a child?
6. Are there particular kinds of behaviors you feel unable to handle with or without professional help? Describe.
7. Describe the type of child do you see best fitting into your family?
8. Would you be able to work with a child who maintains contacts with his natural family members? Why?
9. Would you be able to work with a child who is not yet legally free but might be in the future? Why?
10. How would you tell a child about adoption? About his/her birth family?
11. What type of commitment can you make to a child not born to you?

APPROVAL STUDY GUIDE – FOSTER/ADOPTIVE

Applicants:

Address:

County:

Telephone: Work: (area code)
 Home: (area code)

Race:

Name, DOB, and Race of child/children to be considered for placement:

Date of Application:

Proposed by: Name
 Position
 Unit
 Telephone

I. Summary of Agency Contacts

- A. Initial contact, date, referral source, prior contacts or studies by this agency or others;
- B. Interviews held: Date, place, who attended;
- C. References; names, address.

II. Report of Central Registry and Law Enforcement Check (attach copy of signed releases obtained from all adults in the home for State Central Registry Check and Law Enforcement Check to study)

III. Summary of references responses

IV. Summary of information gathered (documentation) re: ability of the applicant(s) to parent the child(ren) and meet the child's/children's needs; applicant(s)'s attitude toward and relationship with the child's/children's parent(s); type of discipline to be used; willingness to work with the agency toward the stated permanency goal for the child(ren); social or medical problems which might affect applicant(s)'s ability to provide care; appropriateness of the physical environment including privacy and sleeping arrangements; motivation for requesting or accepting placement.

V. Evaluation of information in I through IV

VI. Worker's recommendation of approval/disapproval for placement of the specific child or children.

 Signature of Worker

 Date

VII. Statement of approval/disapproval for placement of the specific child/children

 Signature of Supervisor

 Date

Instructions for Completing Form HHS-AS-50, "Determination of Child's Eligibility for Subsidized Adoption"

Use: Form HHS-AS-50 is a means by which the worker and supervisor request approval for a child meeting the criteria of special needs and qualifies for subsidy under the subsidized adoption program.

Completion: The worker with the assistance of the supervisor completes Form HHS-AS-50. Both sign and date the form. It may be completed just prior to the family's application or prior to the adoptive home placement if subsidy is an important issue in placing the child. Fill in all the information appropriate to the child and the special needs. In Section A under Disability, as stated on the form, attach documentation no more than six months old from a qualified professional giving diagnosis, prognosis, duration, and anticipated treatment. List the condition on the form. It is not acceptable to write on the form "see attached report".

If the box "need to be adopted by present foster family" is checked, the date of placement must be filled in. If that section applies and is completed, Section B does not need to be completed.

Disposition: Form HHS-AS-50 is a three-part NCR form. All three NCR copies should be sent to the Service Area Adoption staff authorized to approve subsidy. One copy of the signed and approved HHS-AS-50 should be sent to the IM worker along with the other subsidy forms, HHS-AS-51 and HHS-AS-52, when completed.

Retention: A copy is to be retained in the child's case record.

Instructions for Completing Form HHS-AS-51, "Application for Subsidized Adoption"

Use: Form HHS-AS-51 is used by the potential adoptive parents to apply for adoption assistance for the child after the adoption has been finalized and by the Department to authorize the kind and amount of subsidy to be granted. This form is not to be completed and submitted prior to submitting Form HHS-AS-50. It can be submitted at the same time as Form HHS-AS-50.

Completion: Form HHS-AS-51 is to be completed by the adoptive parents with the help of the worker. The adoptive parents answer the questions asked on the form.

Under medical coverage for pre-existing conditions, conditions, anticipated treatment and duration must be listed. It is not sufficient to attach a report and state "see attached report". Conditions must be listed on the form. A report from a professional giving diagnosis, prognosis, and duration of treatment should be attached unless it has been sent previously with HHS-AS-50.

The adoptive parents should answer questions regarding health insurance.

The adoptive parents must sign and date the form.

The worker and supervisor must sign and date the form.

Disposition: Form HHS-AS-51 is a four-part NCR form. The worker shall send all copies of the completed form to Service Area Adoption staff designated to approve subsidy, for signature and approval. When the signed and approved form is returned, one of the signed copies should be given to the adoptive parents. Another is to be sent to the IM worker along with other subsidy forms, HHS-AS-50 and HHS-AS-52.

Retention: A copy is to be retained in the child's record.

Instructions for Completing Form HHS-AS-52, "Subsidized Adoption Agreement"

Use: Form HHS-AS-52 is a legal agreement between the adoptive parents and the agency to provide subsidy after the adoption has been finalized.

Completion: The worker and adoptive parents complete Form HHS—AS-52 after the subsidy has been approved on Forms HHS-AS-50 and HHS-AS-51. The information on HHS-AS-52 must reflect coverage for the subsidy and pre-existing coverage approved on Form HHS-AS-51. The worker and adoptive parents sign the form.

Disposition: Form HHS-AS-52 is a four-part NCR form. A copy is to be given to the adoptive parent, one is to be given to the IM worker along with other subsidy forms: HHS-AS-50 and HHS-AS-51.

Retention: A copy is retained in the child's record.

Instructions for Completing Form HHS-AS-53, "Subsidized Adoption Renewal or Change Request"

Use: Form HHS-AS-53 is a means by which the agency conducts the annual review of the status of the adoptive family to determine if subsidy should continue.

Completion: The worker completes the headings to the form. The worker marks the appropriate boxes on the left side of the appropriate items in Section D. This corresponds with the type of subsidy received.

The worker mails the form to the adoptive family. The adoptive family answers the questions on the form and returns it to the worker. The worker completes the form in section marked "action taken".

Disposition: Form HHS-AS-53 is a three-part NCR form. If the adoptive family returns the form requesting a change, they must attach a letter documenting the need for the requested change in subsidy. The worker and supervisor should review the change. If they feel it is appropriate, they should complete the section "change requested", sign, and date the form approving or denying the change.

If the adoptive family does not request a change, the worker will send a signed copy to the adoptive parents and retain all other copies.

Retention: Form HHS-AS-53 is to be retained in the IM subsidy file.

CHILD'S NAME _____

OFFICE _____

	DOCUMENTS ATTACHED	STATUS	COMMENTS	AD. STAFF
HHS-AS-50				
HHS-AS-51				
HHS-AS-52				

DATE ADOPTION FINALIZED _____

FORMS SENT TO IM SUBSIDY WORKER _____
DATE

STATE OF NEBRASKA

DEPARTMENT OF HEALTH AND HUMAN SERVICES FINANCE AND SUPPORT

IN THE INTEREST) **CHECK ONE:**
)
) ☐ NOTICE OF INTENT ☐ NOTICE OF INTENT
 TO)
 OF) TO CLAIM PATERNITY CLAIM PATERNITY
 FOR)
) AND OBTAIN CUSTODY NOTIFICATION
 PURPOSES)
 _____)

(Note: Failure to check a box will result
 in this being treated as a filing for
 notification purposes only.)

Pursuant to Nebraska Revised Statutes '43-104.01 and '43-104.02,
 as amended, I, _____, acknowledge and state
 that I am the father of _____ (to be) (who
 was) born to _____ on the
 _____ day of _____, _____. The mother resides at
 _____,
 (Street) (City) (State) (Zip Code)

I acknowledge liability for contribution to the support and
 education of the child after its birth and for contribution to the
 pregnancy-related medical expenses of the mother.

I agree to promptly notify the Nebraska Department of Health and
 Human Services Finance and Support, Vital Statistics Section,
 Paternity Registry of any change in my address that occurs within
 thirty (30) days from the date of the filing of this notice.

**The following information pertains to NOTICE OF INTENT TO CLAIM
 PATERNITY AND OBTAIN CUSTODY only.**

I further acknowledge and state my intent to obtain custody of said
 child. I understand that if a petition is not filed in the county
 court in the county where said child was born or a separate juvenile
 court that already has jurisdiction over said child for an
 adjudication of my claim of paternity and right to custody within

(Continued on Reverse Side)

thirty (30) days after the filing of this notice, my consent to the adoption of said child shall not be required and any alleged parental rights of mine shall not be recognized thereafter in any court.

I understand that I have the right to revoke this notice at any time.

Dated this _____ day of _____, _____.

_____ Witness	_____ Signature of Claimant
	_____ Social Security Number of Claimant
	_____ (Street)
	_____ (City) (State) (Zip Code)

NOTE: If this form is filed with a local or district office of HHS, it MUST be forwarded to the Vital Statistics Section, Paternity Registry at the Central Office for further processing and filing.

Vital Statistics Section, Paternity Registry
 Nebraska Department of Health and Human Services
 Finance and Support
 301 Centennial Mall South, 3rd Floor
 P. O. Box 95065
 Lincoln, NE 68509-5065

L-33
 (8-99)

GENERAL INFORMATION:**BIOLOGICAL FATHER REGISTRY/NOTICES OF INTENT TO CLAIM PATERNITY****Biological Father Registry:**

The Nebraska Biological Father Registry is a listing of the names, addresses and other relevant information of men who have filed one or both of the two available forms of notices of intent to claim paternity or who have been adjudged by a court of competent jurisdiction to be the legal father of a child born out-of-wedlock when such court orders are filed with the Registry. The purpose of the Biological Father Registry is to provide information about putative fathers of children born out-of-wedlock in connection with possible future adoption proceedings filed in Nebraska courts.

Notices of Intent to Claim Paternity:

Under Nebraska law the father of a child born out-of-wedlock may file a notice with the Vital Statistics Section of the Nebraska Department of Health and Human Services Finance and Support in order to preserve a right under the law to receive formal notification of any adoption proceeding regarding that child filed in any Nebraska court. The purpose of the filing of one or both versions of a Notice of Intent to Claim Paternity is simply to ensure the ability to receive written notice in the event of the filing of an adoption proceeding. The filing of this form in no way constitutes a legal finding of paternity since only courts can make that determination.

There are two kinds of Notices to Claim Paternity that can be filed by a man claiming to be the father of a child born out-of-wedlock:

Notice of Intent to Claim Paternity for Notification Purposes:

The filing of this version of the Notice of Intent to Claim Paternity simply preserves your right to receive notice of any adoption proceedings regarding the child filed in Nebraska courts. It requires no affirmative action of any kind by the filing party but such action may be required later if an adoption proceeding is, in fact, filed in Nebraska and the required notice is sent to the filing party. At that point, the filing party, in order to preserve further rights of participation in the adoption proceeding, must file a Notice of Intent to Claim Paternity and Obtain Custody with the Vital Statistics Section within five days of the receipt of said notice of the adoption proceeding. Failure to make this additional filing, will likely result in the forfeiture by the original filing party of any additional rights to block the proposed adoption.

Notice of Intent to Claim Paternity and Obtain Custody:

The second version of the Notice of Intent to Claim Paternity is the "Notice of Intent to Claim Paternity and Obtain Custody". The filing of this version obligates the filing party to initiate court proceedings within 30 days of the filing of this notice in order to obtain custody of the specified child. Failure to initiate these court proceedings will likely result in the forfeiture of any right to receive notice of or to participate in any adoption proceeding subsequently filed in any Nebraska court.

The form that we are currently using to allow the filing of either version of the Notice of Intent to Claim Paternity requires that a box be checked in the upper right hand corner clearly indicating which version it is that is being filed. Failure to indicate through the checking of a box will cause the Vital Statistics Section to treat the filing as a Notice of Intent to Claim Paternity for Notification Purposes.

PLEASE NOTE

Nothing in this informational sheet is intended to be relied upon as legal advice. This information simply reflects the current position of the Department of Health and Human Services Finance and support relating to these issues. Because of the legal issues involved, you are encouraged to seek your own personal legal advice from an attorney of your choosing.

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



STATEMENT OF NECESSITY TO IDENTIFY FATHER

There is a legal and medical need to identify the father of your child.

Whenever possible the paternity of the child should be determined prior to the placement of the child for adoption.

Your failure or refusal to accurately identify the biological father or possible biological fathers could threaten the legal validity of any adoptive placement of your child.

You may be subject to the contempt powers of the court if you have information regarding the paternity of your child but refuse to disclose the information.

The law requires that the Nebraska Department of Health and Human Services due diligence in identifying, locating and sending notice of rights to any possible biological fathers of your child.

I _____, mother of _____, have read and understand this
Name of Mother Child

Statement. I agree to cooperate with the Nebraska Department of Health and Human

Services in providing information in order to identify any possible fathers of my child.

 Witness

 Signature

SUBSCRIBED AND SWORN to before me this _____ day of _____, 19__.

 Notary Public

LB712J
 (8-99)

State of Nebraska)
) ss.
County of _____)

My child was born or is expected to be born on the ____ day of _____, _____,
at _____ in the State of _____.

I reside at _____ in the city or village of _____, in the State
of _____, zip code _____.

(Complete appropriate sections.)

His current or last known home address is _____ in the city
or village of _____ in the State of _____, zip code _____.

He is deceased having died on or about the _____ day of _____, _____, in the State of _____.

Part B

I was married to _____ between these dates: _____
to _____.

His current or last known address is _____ in the city or village
of _____ in the State of _____, zip code _____.

His last known work address is _____
_____.

His tribal affiliation is _____.

He is deceased having died on or about the _____ day of _____, _____, in the State
of _____.

Part C

I cohabitated with _____ between these dates: _____
to _____.

His current or last known address is _____ in the city or village
of _____ in the State of _____, zip code _____.

His tribal affiliation is _____.

He is deceased having died on or about the _____ day of _____, _____, in the
State of _____.

Part D

I am unable to name the father because _____
_____.

His physical description is:

Part E

Other information which will assist in identifying him, including the city or county and state where the conception occurred:

Part E

I am unwilling or unable to name the biological father of the child for the following reasons:

___ Conception of my child occurred as the result of sexual assault or incest.

___ Providing notice to the biological father of my child would threaten my safety or the safety of my child.

Explain _____

Under penalty of perjury, the undersigned certifies that the statements set forth in this affidavit are true and correct.

I have read this affidavit and have had the opportunity to review and question it. It was explained to me by _____, a representative of the Nebraska Department of Health and Human Services.

I am signing it as my free and voluntary act and understand the contents and effect of signing it.

Dated this _____ day of _____, 19____

 Witness

 Mother

SUBSCRIBED AND SWORN to before me this _____ day of _____, 19____.

 Notary Public

LB712C
 (8-99)

SAMPLE LETTER TO BIOLOGICAL FATHER

Date

Inside Address : (1)

Dear (2):

(Name of Mother) (3) is the biological mother of (name of child) (4) born (date of birth) (5) at (place of birth) (6). The Nebraska Department of Health and Human Services has custody of (name of child) (7) and we are doing adoption planning for (him/her) (8).

This letter is being sent to you because you have filed a Claim of Paternity for Notification Purposes with the Nebraska Department of Health and Human Services or we have reasons to believe that you may be the biological or legal father of (name of child) (9). You may have certain rights with respect to (name of child) (10), if you are in fact (his/her) (11) biological father.

You have the right to:

Deny paternity.

Waive any parental rights.

Relinquish your parental rights and consent to an adoption.

File a "Notice of Intent to Claim Paternity and Obtain Custody" form.

If you wish to do any of the above, or want to talk to a Social Worker about any of these options, please contact (name of agency person to contact) (12) at (phone number) (13), at your earliest convenience.

If you wish to claim paternity and obtain custody of (name of child) (14), you may do so at any Local Office of the Department of Health and Human Services, by contacting me or by completing the appropriate form and sending it to the Department of Health and Human Services, Vital Statistics Paternity Registry, 301 Centennial Mall South, Lincoln, Nebraska 68409-5065. In order to preserve your parental rights, the form must be signed and date stamped in my office or mailed to Nebraska Department of Health and Human Services, postmarked within five (5) business days of receipt of this letter.

If you wish to seek custody of (name of child) (15), you should seek legal counsel from your own attorney at the same time that you sign the "Notice of Intent to Claim Paternity and Obtain Custody" form.

If you take no action as a result of this notice, the court may enter a decree of adoption of (name of child) (16) without your consent or any further notice to you.

Date
Page Two

If you are the biological father of (name of child) (17), and you have not relinquished (him/her) (18) for adoption, you have a duty to contribute to the support and education of (name of child) (19) (and to the pregnancy related expenses of the mother) (20). You may also have the right to seek visitation.

Sincerely,

(21)
Adoption Staff
Local Office

Enclosures

LB7121
(8-99)

REGISTERED MAIL INFORMATION

Registered mail notice sent by agency sufficiently in advance of birth if possible.

Registered mail notice to:

- ___ any man adjudicated by a court Nebraska or another state to be the biological father
- ___ any man who filed a paternity claim for notification purposes
- ___ any man who filed a notice of intent to claim paternity and obtain custody
- ___ any man recorded on the child's birth certificate as father
- ___ any man may be father who was living with mother 12 months prior to birth
- ___ any man identified as possible father by child's biological mother pursuant to the affidavit by mother
- ___ any man married to child's biological mother 6 months prior to birth and prior to signing relinquishment
- ___ any other man who the agency/attorney has reason to believe is the biological father

Notice shall include:

- ___ biological mother's name
- ___ that she is pregnant and date expected to give birth or actual date of birth
- ___ that mother has relinquished or intends to relinquish or plan step parent adoption with her husband
- ___ that the person notified has been identified as possible father
- ___ that the person may have certain rights if he is in fact the father
- ___ that he has the right to
 - ___ deny paternity
 - ___ waive any parental rights he may have
 - ___ relinquish and consent to adoption of the child
 - ___ file a notice of intent to claim paternity and obtain custody

Action as result of Notice

File a Claim of Paternity and obtain custody with any local office of Department of Health and Human Services or by contacting Department of Health and Human Services vital Statistics 301 Centennial Mall South, Lincoln, NE 68509-5065.

Contact Agency if he wishes to:

- deny paternity
- waive rights
- relinquish and consent to adoption

Seek legal counsel if he wish on to:

- seek custody

If he is biological father and has not relinquished:

- he has a duty to contribute to
 - support
 - education
 - pregnancy related expenses
- has right to
 - seek visitation

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



NOTICE TO FATHER BY PUBLICATION
LEGAL NOTICE

IN THE MATTER OF THE PATERNITY OF A BABY BOY OR GIRL OR BABY X (1) (IF NOT BORN YET) TO: (FIRST NAME) OR (INITIALS) (2) (OR "JOHN DOE, REAL NAME UNKNOWN") described as (description of father) (3). (Do not name the mother.)

You have been identified as the biological father or possible biological father of (Baby boy or girl or baby x (4)) whom the biological mother currently intends to place for adoption. The placement will occur on or about date of adoption placement (5)

(Baby boy or girl or baby x (6)) was conceived on or about (date of conception) (7) in (city and state of conception)(8).

(Baby boy or girl or baby x (9)) was born on or expected to be born on or about (date of birth or expected birth)(10).

You have the right to: 1) deny paternity; 2) waive any parental rights you may have; 3) relinquish and consent to adoption, 4) file a claim of paternity for notification purposes, or 5) file a notice of intent to claim paternity and obtain custody within five business days of the birth of the child or within five business days of this notice whichever is later, pursuant to Nebraska law, section 43-104.02.

In order to deny paternity, waive your parental rights, relinquish and consent to the adoption or receive additional information to determine whether you are the father of (Baby boy or girl or baby x (11)) you must contact the undersigned agency. If you wish to file a claim of paternity for notification or a claim of paternity and obtain custody you may obtain the proper forms at any local office of the Department of Health and Human Services or by calling Vital Statistics Paternity Registry, 301 Centennial Mall South, Lincoln, NE 68509-5065; (402) 471-9097. If you wish to seek custody of the child you must seek legal counsel from your own attorney immediately.

By: Nebraska Department of Health and Human Services
(local office worker)(12)
(address)
(phone)
(FAX #)

LB712K
(8-99)

Information For Newspaper
Publication for Notice to Father

Shall be made if agency is unable to locate and serve notice to bio father by registered mail.

When: Once a week for 3 consecutive weeks.

Where: Legal newspaper of general circulation in Nebraska county
or
County in another state most likely to provide actual notice to bio father.

What is included in publication:

- First name or initials of father/possible father
John Doe if real name unknown.
(Do not list the name of the mother or child)

If applicable

- description of father if first name unknown
- approximate date of conception
- city and state of conception; if known
- date of birth or expected birth
- that he has been identified as possible father
- mother intends to place for adoption
- approximate date of placement
- his rights to
 - deny paternity
 - waive parental rights
 - relinquish and consent to adoption
 - file notice of intent to claim paternity and obtain custody

Time frame to claim paternity within (whichever later)

- Five business days of this notice
- Five business days of birth of child

Claim Paternity – How

File with Department of Health and Human Services

Vital Statistics, Paternity Registry

301 Centennial Mall South

Lincoln, NE 68509-5065

Phone: (402) 471-9097

on appropriate form.

Action as a result of Notice

Contact agency if he wishes to:

deny paternity

waive rights

relinquish and consent to adoption

receive additional information to determine if he is the father

Seek legal counsel if he wishes to: seek custody

LB7120
(8-99)



STATEMENT OF FATHER

I, _____ have been notified by the Nebraska Department of Health and Human Services because I have been identified by _____ the biological mother of _____, as the possible biological father of this child, born or expected to be born on _____ at _____.

My date of birth is _____.

My tribal affiliation is _____ or _____ I am not Native American.

Part A

___ I acknowledge that I believe that I am the biological father of _____.

Part B

___ I am married to the biological mother, _____. The date of our marriage was _____, in _____.

We are still legally married.

Part C

___ I was married to _____, the biological mother of _____ between the dates of _____ and _____. Our divorce was final on _____ in the State of _____.

Part D

___ I cohabitated with the biological mother, _____ between the
dates of _____ and _____.

Part E

___ I provided financial support to the mother, _____ on behalf
of the above named child.

Part F

___ I intend to file a Claim of Paternity for Notification Purposes, or a Notice of Intent to Claim
Paternity and Obtain Custody to assert my parental rights to _____.

Part G

___ I am denying that I am the father of _____.

Part H

___ I waive any parental rights that I may have to the above named child which includes the
right to notice of any adoption proceedings related to the child.

I am signing this statement as my free and voluntary act. I understand the contents of the
effects of signing.

Witness

Signature

SUBSCRIBED AND SWORN to before me this ____ day of _____, 19__.

Notary Public



WAIVER OF WRITTEN NOTICE
BY FATHER

I _____, having been identified by _____ the biological mother of _____, as the possible biological father of her child, born or expected to be born on _____ at _____.

I acknowledge that I received this notice in person from _____, an employee of the Nebraska Department of Health and Human Services rather than by certified or registered mail.

I hereby waive written notice regarding my identity as a possible biological father and any parental rights that I may have regarding the above named child.

Witness

Signature

SUBSCRIBED AND SWORN to before me this _____ day of _____, 19__.

Notary Public

LB712M
(8-99)



Statement of Legal Risk

I _____ am the prospective parent of _____.
adoptive parent(s) child

I acknowledge that the Nebraska Department of Health and Human Services has explained to me that the _____ is not legally free for adoption be
child

because he/she was born out of wedlock, and parental rights of the biological father or possible biological father have not been relinquished or terminated.

I understand that the biological father may have the right to a hearing to determine his parental rights. At that hearing the court will determine the custody of the child according to the best interest of the child as described in Nebraska Adoption Statutes, 43-104.

I understand that if I do file a petition to adopt the child and the court appoints a Guardian Ad Litem to represent the interest of the absent father, I may be held responsible for the payment of the GAL fees.

I accept the placement of _____ with the full
child
understanding that it is a legal risk placement.

Signature of adoptive parent

Witness by HHS representative

LB712A
(8-99)

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



AFFIDAVIT BY AGENCY

In the matter of the adoption of (name of child) (1), a child born out of wedlock, (1), (We) (name of worker/staff) (2), representatives of the Nebraska Department of Health and Human Services swear and attest that (I) (We) have used due diligence to try to identify the biological or possible biological fathers of (name of child) (3) and inform him of his rights in that insert explanation A or B (4).

(A)

(I), (We) have attempted to give actual or constructive notice to the biological father or possible fathers by using the following methods:

Explain methods used (A1) examples: registered mail notice/publication notice/etc could refer to the mother's affidavit attached.

(B)

(I), (We) have not attempted to identify and notify possible biological fathers for the following reasons:

Explain reason/reasons did not notice (B1) examples: sexual assault or incest.

Dated this _____ day of _____, 19__.

SUBSCRIBED AND SWORN to before me this _____ day of _____, 19__.

Notary Public

LB712N
(8-99)

Documents Proving Notice to Father to send with Adoption Packet

_____ Affidavit of Identification by Biological Mother - 712C

_____ Affidavit by Agency - LB712N

_____ Letter to Father - LB712I

_____ Notice to Father by Publication - LB712K

_____ Statement by Father - LB712L

_____ Waiver of Written Notice by Father - LB712M

_____ Statement of Legal Risk by Adoptive Parent - LB712A

Notes:

LB712F
(8-99)

HEARING TO DETERMINE FATHER'S RIGHTS

Consent is not required by finding one of the following:

- abandoned after knowledge of child's birth
- neglected after knowledge of child's birth
- is not a fit, proper and suitable custodial parent for the child
- failed to provide reasonable financial support for mother and child
- abandoned the mother without reasonable cause with knowledge of pregnancy
- had knowledge of the pregnancy and failed to provide reasonable support to the mother during pregnancy
- child conceived as a result of non-consensual sex act or incestual act
- filed a claim of paternity for notification purposes and when notified did not file a claim of paternity and obtain custody form within the necessary timeframe
- father failed to timely file intent to claim paternity and obtain custody
- father failed to timely file a petition to adjudicate his claim to paternity and right to custody
- man is not the biological father

Court shall consider:

- actual paternity of the child
- fit, proper, and suitable custodial parents

ADOPTION FINALIZATION HEARING

Notice to the father is not needed if he:

- executed a valid relinquishment
- signed a valid denial of paternity
- signed a waiver of rights
- was provided notice by certified mail or publication and failed to timely file an intent to claim paternity and obtain custody

LB712B
(8-99)

NEBRASKA ADOPTION MEDICAL HISTORY
(BIRTH MOTHER)

WE WISH TO OBTAIN AS COMPLETE A MEDICAL HISTORY FOR THE CHILD AS POSSIBLE. PLEASE COMPLETE ALL OF THE SECTIONS. IF THE BIRTH PARENTS, GRANDPARENTS, SIBLINGS, AUNTS OR UNCLES HAVE HAD OR NOW HAVE ANY OF THE MEDICAL CONDITIONS LISTED IN SECTION 4, PLACE A CHECK IN THE APPROPRIATE SPACE.

WHEN LISTING INFORMATION PERTINENT TO OTHER FAMILY MEMBERS, DO NOT ENTER PROPER NAMES. LIST ONLY THE RELATIONSHIP SUCH AS SISTER, UNCLE, AUNT, ETC.

IF ADDITIONAL SPACE IS NEEDED, REFER TO COMMENT SECTION ON PAGES 4 AND 4-A OR ATTACH AN ADDITIONAL SHEET.

Section 1. Birth name of child _____ Date of birth _____
 Place of birth _____ City and State _____
 Father _____ Mother _____

Section 2. This form is completed by _____, whose relationship
 to _____ is _____.

Date _____

Section 3. General State of Health of Child - Please explain, in brief, the present health of this child.

BIRTH MOTHER

	Self		Family		Comments
	Yes	No	Yes	No	If yes, specify which family member and indicate the date of onset, treatment, medication, etc.
Section 4. Medical Health History					
Health Condition					
Diseases of the Circulatory System					
Rheumatic fever					
Heart trouble					
High or low blood pressure					
Stroke					
Heart attack (coronary)					
Other (specify)					
Diseases of the Respiratory system					
Sinusitis					
Hay fever/other respiratory allergies					
Asthma					
Tuberculosis, emphysema					
Chronic respiratory disease					
Cystic fibrosis					
Other (specify)					
Diseases of the Digestive System					
Stomach, liver or intestines					
Gall bladder or gallstones					
Other (specify)					
Dental Problems					
Orthodontia					
Diseases of the Urinary System					
Kidney or bladder disorder					
Other (specify)					
Diseases of the Skin					
Eczema					
Dermatitis					
Other (specify)					
Muscle Disorders					
Muscular Dystrophy					

	Self		Family		Comments If yes, specify which family member and indicate the date of onset, treatment, medication, etc.
	Yes	No	Yes	No	
Muscle weakness					
Other (specify)					
Disorder of the Bones/Connective Tissues					
Swollen or painful joints					
Arthritis, rheumatism or bursitis					
Bone, joint or other deformity					
Scoliosis					
Open spine					
Lupus					
Other (specify)					
Diseases of the Nervous System					
Multiple sclerosis					
Tremors					
Seizures, convulsions, epilepsy					
Other paralysis or crippling disorder					
Disorder of the Sense Organs					
Color blindness					
Hearing loss					
Night blindness					
Other (specify)					
Diseases of the Blood					
Thalassemia					
Sickle cell anemia					
Anemia					
Hemophilia					
Bleeding disorder					
Other (specify)					
Cancers					
Specify type and location, if known					
Endocrine and Metabolic Disorders					
Diabetes					
Thyroid					
Phenylketonuria (PKU)					
Other hormone disorders					
Other (specify)					
Birth Defects					
Club foot					
Heart defect					

	Self		Family		Comments
	Yes	No	Yes	No	
					If yes, specify which family member and indicate the date of onset, treatment, medication, etc.
Cleft lip or cleft palate					
Cerebral palsy					
Down syndrome					
Other deformities at birth					
Other (specify)					
Infectious Diseases					
Sexually transmitted diseases					
(e.g., syphilis, gonorrhea, herpes)					
AIDS (HIV Carrier)					
Hepatitis					
Mental Disorders					
Retardation					
Schizophrenia					
Manic depressive					
Severe depression					
Suicide					
Other (specify)					
Complications of Pregnancy/Childbirth					
Premature births, miscarriage					
Stillbirths					
Multiple births					
Infant deaths and SIDS (crib death)					
Other Miscellaneous Disorders					
Speech					
Eating (anorexia, bulimia, etc.)					
Learning disability					
Alcoholism					
Chronic drunkenness					
Drug dependency					
Cerebral Palsy					
Exposure to poisons or other chemicals					
Food sensitivities					

LIST ADDITIONAL COMMENTS BELOW OR ATTACH A STATEMENT

FOR COURT USE ONLY

Release of Medical History

Adoption Agency/Agent _____

Date _____

Court of Jurisdiction _____

Date _____

Adoptive Parents _____

Date _____

Adoptee _____

Date _____

Bureau of Vital Statistics _____

Date _____

NEBRASKA ADOPTION MEDICAL HISTORY
(BIRTH FATHER)

WE WISH TO OBTAIN AS COMPLETE A MEDICAL HISTORY FOR THE CHILD AS POSSIBLE. PLEASE COMPLETE ALL OF THE SECTIONS. IF THE BIRTH PARENTS, GRANDPARENTS, SIBLINGS, AUNTS OR UNCLES HAVE HAD OR NOW HAVE ANY OF THE MEDICAL CONDITIONS LISTED IN SECTION 4, PLACE A CHECK IN THE APPROPRIATE SPACE.

WHEN LISTING INFORMATION PERTINENT TO OTHER FAMILY MEMBERS, DO NOT ENTER PROPER NAMES. LIST ONLY THE RELATIONSHIP SUCH AS SISTER, UNCLE, AUNT, ETC.

IF ADDITIONAL SPACE IS NEEDED, REFER TO COMMENT SECTION ON PAGES 4 AND 4-A OR ATTACH AN ADDITIONAL SHEET.

Section 1. Birth name of child _____ Date of birth _____
 Place of birth _____ City and State _____
 Father _____ Mother _____

Section 2. This form is completed by _____, whose relationship
 to _____ is _____.

Date _____

	Self		Family		Comments
	Yes	No	Yes	No	If yes, specify which family member and indicate the date of onset, treatment, medication, etc.
Section 4. Medical Health History					
Health Condition					
Diseases of the Circulatory System					
Rheumatic fever					
Heart trouble					
High or low blood pressure					
Stroke					
Heart attack (coronary)					
Other (specify)					
Diseases of the Respiratory system					
Sinusitis					
Hay fever/other respiratory allergies					
Asthma					
Tuberculosis, emphysema					
Chronic respiratory disease					
Cystic fibrosis					
Other (specify)					
Diseases of the Digestive System					
Stomach, liver or intestines					
Gall bladder or gallstones					
Other (specify)					
Dental Problems					
Orthodontia					
Diseases of the Urinary System					
Kidney or bladder disorder					
Other (specify)					
Diseases of the Skin					
Eczema					
Dermatitis					
Other (specify)					
Muscle Disorders					
Muscular Dystrophy					
Muscle weakness					
Other (specify)					
Disorder of the Bones/Connective Tissues					

	Self		Family		Comments
	Yes	No	Yes	No	
					If yes, specify which family member and indicate the date of onset, treatment, medication, etc.
Swollen or painful joints					
Arthritis, rheumatism or bursitis					
Bone, joint or other deformity					
Scoliosis					
Open spine					
Lupus					
Other (specify)					
Diseases of the Nervous System					
Multiple sclerosis					
Tremors					
Seizures, convulsions, epilepsy					
Other paralysis or crippling disorder					
Disorder of the Sense Organs					
Color blindness					
Hearing loss					
Night blindness					
Other (specify)					
Diseases of the Blood					
Thalassemia					
Sickle cell anemia					
Anemia					
Hemophilia					
Bleeding disorder					
Other (specify)					
Cancers					
Specify type and location, if known					
Endocrine and Metabolic Disorders					
Diabetes					
Thyroid					
Phenylketonuria (PKU)					
Other hormone disorders					
Other (specify)					
Birth Defects					
Club foot					
Heart defect					
Cleft lip or cleft palate					
Cerebral palsy					
Down syndrome					
Other deformities at birth					
Other (specify)					

	Self		Family		Comments
	Yes	No	Yes	No	
					If yes, specify which family member and indicate the date of onset, treatment, medication, etc.
Infectious Diseases					
Sexually transmitted diseases					
(e.g., syphilis, gonorrhea, herpes)					
AIDS (HIV Carrier)					
Hepatitis					
Mental Disorders					
Retardation					
Schizophrenia					
Manic depressive					
Severe depression					
Suicide					
Other (specify)					
Complications of Pregnancy/Childbirth					
Premature births, miscarriage					
Stillbirths					
Multiple births					
Infant deaths and SIDS (crib death)					
Other Miscellaneous Disorders					
Speech					
Eating (anorexia, bulimia, etc.)					
Learning disability					
Alcoholism					
Chronic drunkenness					
Drug dependency					
Cerebral Palsy					
Exposure to poisons or other chemicals					
Food sensitivities					

Section 5. Any other characteristics or conditions that occur in the family of either parent
(Please specify condition or characteristics and the relationship)

LIST ADDITIONAL COMMENTS BELOW OR ATTACH A STATEMENT

FOR COURT USE ONLY

Release of Medical History

Adoption Agency/Agent _____

Date _____

Court of Jurisdiction _____

Date _____

Adoptive Parents _____

Date _____

Adoptee _____

Date _____

Bureau of Vital Statistics _____

Date _____

**NONCONSENT BY BIOLOGICAL PARENT FOR RELEASE OF INFORMATION FOR
ADOPTED PERSONS FOR WHOM RELINQUISHMENT OR CONSENT FOR
ADOPTION WAS GIVEN ON OR AFTER SEPTEMBER 1, 1988**

Section 43-146.06, Nebraska Revised Statutes, Supplement 1988, " A biological parent may at any time file a notice of nonconsent with the bureau stating that at no time prior to his or her death may any information on the adopted person's original birth certificate or any other identifying information, except medical histories as provided in Section 43-107, be released to such adopted person. Failure by a biological parent to sign the notice of nonconsent shall be deemed a notice of consent by such parent to release the adopted person's original birth certificate to such adopted person."

INFORMATION ABOUT PERSON COMPLETING FORM	INFORMATION ABOUT ADOPTED PERSON
Name at time of birth _____	Name at birth _____
Present name _____	Sex _____ Date of birth _____
Relationship to adopted person _____	Place of birth _____ NE (City or County)
_____	Father _____ (Biological)
_____	Mother _____ (Biological)

* No information contained in the original birth certificate or any other identifying information, except medical histories as provided in section 43-107, shall be released prior to the death of the parent signing the form.

I, the undersigned, do understand the effects and consequences of filing, or not filing, this nonconsent form.

Signature _____

Typed or Printed Name _____

Street Address or Route Number _____

City _____ State _____ Zip Code _____

Telephone Number _____

Date Signed _____

Subscribed and sworn to before me this _____ day of _____ 20 _____

Notary Public _____

Commission expires _____ Residing at _____

IMPORTANT NOTICE

You do not have to sign this form. If you do sign it, you are entitled to a copy of it. Your signature on this form means that the Bureau of Vital Statistics will not disclose any information contained in the original birth certificate of the adopted person or any other identifying information to any person prior to your death without a court order. If you later decide that you do not object to the release of such information, you may file a form stating that purpose.

FOR VITAL STATISTICS USE ONLY

Date Received _____

By whom Received _____

NC – September 1988
(Rev. 11-99)

Vital Statistics Section
NE Health and Human Services
PO Box 95065
Lincoln, NE 68509-5065

C-62-NC

Questions and Answers Regarding the Multiethnic Placement Act
of 1994 and Section 1808 of the Small Business and Job
Protection Act of 1996

1. **May public agencies allow foster parents to specify the race, color, national origin, ethnicity or culture of children for whom they are willing to provide care?**
2. **May public agencies allow adoptive parents to specify the race, color, national origin, ethnicity or culture of children of whom they are willing to adopt?**

A. In making decisions about placing a child, whether in an adoptive or foster setting, a public agency must be guided by considerations of what is in the best interests of the child in question. The public agency must also ensure that its decisions comply with statutory requirements. Where it comes to the attention of a public agency that particular prospective parents have attitudes that relate to their capacity to nurture a particular child, the agency may take those attitudes into consideration in determining whether a placement with that family would be in the best interests of the child in question.

The consideration of the ability of prospective parents to meet the needs of a particular child should take place in the framework of the general placement decision, in which the strengths and weaknesses of prospective parents to meet all of a child's needs are weighed so as to provide for the child's best interests, and prospective parents are provided the information they need realistically to assess their capacity to parent a particular child.

An important element of good social work practice in this process is the individualized assessment of a prospective parent's ability to serve as a foster or adoptive parent. This assessment can include an exploration of the kind of child with whom a prospective parent might comfortably form an attachment. It is appropriate in the context of good practice to allow a family to explore its limitations and consider frankly what conditions (for example, disabilities in children, the number of children in a sibling group, or children of certain ages) family members would be able or willing to accept. The function of assessing the needs and limitations of specific prospective foster or adoptive parents in order to determine the most appropriate placement considering the various individual needs of a particular child is an essential element of social work practice, and critical to an agency's ability to achieve the best interests of that child. The assessment function is also critical, especially in adoptive placements, to minimizing the risk that placements might later disrupt or dissolve.

The assessment function must not be misused as a generalized racial or ethnic screen; the assessment function cannot routinely include considerations of race or ethnicity.

The Department generally does not distinguish between foster and adoptive settings in terms of an agency's consideration of the attitudes of prospective parents. However, it is possible that a public agency may attach different significance in assessing the best interests of a child in need of short term or emergency placement.

As noted in the Department's original guidance on MEPA, agencies are not prohibited from discussing with prospective adoptive and foster parents their feelings, capacities and preferences regarding caring for a child of a particular race or ethnicity, just as they discuss other individualized issues related to the child. However, as the Department has emphasized, any consideration of race or ethnicity must be done in the context of individualized placement decisions. An agency may not rely on generalizations about the needs of children of a particular race or ethnicity, or on generalizations about the abilities of prospective parents of one race or ethnicity to care for a child of another race or ethnicity.

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3. May public agencies assess the racial, national origin, ethnic and/or cultural needs of all children in foster care, either by assessing those needs directly or as part of another assessment such as an assessment of special needs?

A: Public agencies may not routinely consider race, national origin and ethnicity in making placement decisions. Any consideration of these factors must be done on an individualized basis where special circumstances indicate that their consideration is warranted. A practice of assessing all children for their needs in this area would be inconsistent with an approach of individually considering these factors only when specific circumstances indicate that it is warranted.

Assessment of the needs of children in foster care, and of any special needs they may have that could help to determine the most appropriate placement for a child, is an essential element of social work practice for children in out-of-home care, and critical to an agency's ability to achieve the best interests of the child. Section 1808 of Public Law 104-188 by its terms addresses only race, color, or national origin, and does not address the consideration of culture in placement decisions. There are situations where cultural needs may be important in placement decisions, such as where a child has specific language needs. However, a public agency's consideration of culture would raise Section 1808 issues if the agency used culture as a proxy for race, color or national origin. Thus, while nothing in Section 1808 directly prohibits a public agency from assessing the cultural needs of children in foster care, Section 1808 would prohibit an agency from using routine cultural assessments in a manner that would circumvent the law's prohibition against the routine consideration of race, color or national origin.

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4. If no to question 3, may they do this for a subset of all children in foster care?

A: As noted above, Section 1808 prohibits the routine consideration of race. It permits the consideration of race on an individualized basis where circumstances indicate that it is warranted. The question suggests that assessment of race, color, or national origin needs would not be done for all children in foster care, but for a subset. If the subset is derived by some routine means other than where specific individual circumstances suggest that it is warranted, the same considerations discussed above would apply.

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5. May public agencies assess the racial, national origin, ethnic and/or cultural capacity of

all foster parents, either by assessing that capacity directly or as part of another assessment such as an assessment of strengths and weaknesses?

A. No. Race, color and national origin may not routinely be considered in assessing the capacity of particular prospective foster parents to care for specific children. However, assessment by an agency of the capacity of particular adults to serve as foster parents for specific children is at the heart of the placement process, and essential to determining what would be in the best interests of a particular child.

6. If yes to question 5, may public agencies decline to transracially place any child with a foster parent who has unsatisfactory cultural competency skills?

A: Not applicable; the answer to question 5 is no.

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7. If no to question 5, may public agencies decline to transracially place a child who has documented racial, national origin, ethnic and/or cultural needs with a foster parent who has unsatisfactory cultural competency skills?

A: As noted in the answer to questions [No. 1 and 2](#) above, good practice requires an assessment of the capacity of potential foster parents to accommodate all the needs of a particular child. It is conceivable that in a particular instance race, color or national origin would be a necessary consideration to achieve the best interests of the child. However, any placement decision must take place in a framework that assesses the strengths and weaknesses of prospective parents to meet all of a child's needs so as to provide for the child's best interests. As noted in the answer to [Questions 1 and 2](#), prospective parents should be offered, typically through training provided by an agency, information sufficient to confirm or broaden their understanding of what types of children they might most appropriately provide a home for.

8. May public agencies honor the request of birth parents to place their child, who was involuntarily removed, with foster parents of a specific racial, national origin, ethnic and/or cultural group?

A: No.

9. Would the response to question 8 be different if the child was voluntarily removed?

A: No.

10. If an action by a public agency will not delay or deny the placement of a child, may that agency use race to differentiate between otherwise acceptable foster placements?

A: No.

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11. **May public agencies assess the racial, national origin, ethnic and/or cultural capacity of all adoptive parents, either by assessing that capacity directly or as part of another assessment such as an assessment of strengths and weaknesses?**

A: No. The factors discussed above concerning the routine assessment of race, color, or national origin needs of children would also apply to the routine assessment of the racial, national origin or ethnic capacity of all foster or adoptive parents.

12. **If yes to question 11 may public agencies decline to transracially place any child with an adoptive parent who has unsatisfactory cultural competency skills?**

A: As noted in the answer to questions No. 1 and 2 above, good practice requires an assessment of the capacity of potential foster parents to accommodate all the needs of a particular child. It is conceivable that in a particular instance race, color or national origin would be a necessary consideration to achieve the best interests of the child. However, any placement decision must take place in a framework that assesses the strengths and weaknesses of prospective parents to meet all of a child's needs so as to provide for the child's best interests.

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13. **If no to question 11, may public agencies decline to transracially place a child who has documented racial, national origin, ethnic and/or cultural needs with an adoptive parent who has unsatisfactory cultural competency skills?**

A: As noted in the answer to questions No. 1 and 2 above, good practice requires an assessment of the capacity of potential foster parents to accommodate all the needs of a particular child. It is conceivable that in a particular instance race, color or national origin would be a necessary consideration to achieve the best interests of the child. However, any placement decision must take place in a framework that assesses the strengths and weaknesses of prospective parents to meet all of a child's needs so as to provide for the child's best interests. As noted in the answer to Questions 1 and 2, prospective parents should be offered, typically through training provided by an agency, information sufficient to confirm or broaden their understanding of what types of children they might most appropriately provide a home for.

14. **If no to question 11, how can public agencies assure themselves that they have identified an appropriate placement for a child for whom racial, national origin, ethnic and/or cultural needs have been documented?**

question 11

A: Adoption agencies must consider all factors that may contribute to a good placement decision for a child, and that may affect whether a particular placement is in the best interests of the child. Such agencies may assure themselves of the fitness of their work in a number of ways, including case review conferences with supervisors, peer reviews, judicial oversight, and quality control measures employed by State agencies and licensing authorities. In some instances it is conceivable that, for a particular child, race, color or national origin would be such a factor. Permanency being the sine qua non of adoptive placements, monitoring the

rates of disruption or dissolution of adoptions would also be appropriate. Where it has been established that considerations of race, color or national origin are necessary to achieve the best interests of a child, such factor(s) should be included in the agency's decision-making, and would appropriately be included in reviews and quality control measures such as those described above.

15. **May public agencies honor the request of birth parents to place their child, who was involuntarily removed, with adoptive parents of a specific racial, ethnic and/or cultural group?**

A: No.

16. **Would the response to question 15 be different if the child was voluntarily removed?**

A: No.

17. **If an action by a public agency will not delay or deny the placement of a child, may that agency use race to differentiate between otherwise acceptable adoptive parents?**

A: No.

18. **May a home finding agency that contracts with a public agency, but that does not place children, recommend only homes that match the race of the foster or adoptive parent to that of a child in need of placement?**

A: No. A public agency may contract with a home finding agency to assist with overall recruitment efforts. Some home finding agencies may be used because of their special knowledge and/or understanding of a specific community and may even be included in a public agency's targeted recruitment efforts. Targeted recruitment cannot be the only vehicle used by a State to identify families for children in care, or any subset of children in care, e.g., older or minority children. Additionally, a home finding agency must consider and include any interested person who responds to its recruitment efforts.

19. **May a home finding agency that contacts with a public agency, but that does not place children, dissuade or otherwise counsel a potential foster or adoptive parent who has unsatisfactory cultural competency skills to withdraw an application or not pursue foster parenting or adoption?**

A: No. No adoptive or foster placement may be denied or delayed based on the race of the prospective foster or adoptive parent or based on the race of the child.

Dissuading or otherwise counseling a potential foster or adoptive parent to withdraw an application or not pursue foster parenting or adoption strictly on the basis of race, color or national origin would be a prohibited delay or denial.

The term "cultural competency," as we understand it, is not one that would fit in a discussion of adoption and foster placement. However, agencies should, as a matter of good social work practice, examine all the factors that may bear on determining whether a particular placement is in the best interests of a particular child. That may in rare instances involve consideration of the abilities of prospective parents of one race or ethnicity to care for a child of another race or ethnicity.

- 20. May a home finding agency that contracts with a public agency, but that does not place children, assess the racial, national origin, ethnic and/or cultural capacity of all adoptive parents, either by assessing that capacity directly or as part of another assessment such as an assessment of strengths and weaknesses?**

A: No. There should be no routine consideration of race, color or national origin in any part of the adoption process. Any assessment of an individual's capacity to be a good parent for any child should be made on an individualized basis by the child's caseworker and not by a home finding agency. Placement decisions should be guided by the child's best interest. That requires an individualized assessment of the child's total needs and an assessment of a potential adoptive parent's ability to meet the child's needs.

- 21. If no to question 20, may they do this for a subset of adoptive parents, such as white parents?**

A: No.

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- 22. If a black child is placed with a couple, one of whom is white and one of whom is black, is this placement classified as inracial or transracial?**

- 23. If a biracial black/white child is placed with a white couple, is this placement classified as inracial or transracial?**

- 24. Would the response to question 22 be different if the couple were black?**

A: The statute applies to considerations of race, color or national origin in placements for adoption and foster care.

The Department's Adoption and Foster Care Analysis and Reporting System (AFCARS) collects data on the race of the child and the race of adoptive and foster parents, as required by regulation at 45 CFR 1355, Appendix A. AFCARS uses racial categories defined by the United States Department of Commerce, Bureau of the Census. The Department of Commerce does not include "biracial" among its race categories; therefore no child would be so classified for AFCARS purposes. The Department of Health and Human Services does not classify placements as being "inracial" or "transracial."

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- 25. How does HHS define "culture" in the context of MEPA guidance?**

A: HHS does not define culture. Section 1808 addresses only race, color, or national origin, and does not directly address the consideration of culture in placement decisions. A public agency is not prohibited from the nondiscriminatory consideration of culture in making placement decisions. However, a public agency's consideration of culture must comply with Section 1808 in that it may not use culture as a replacement for the prohibited consideration of race, color or national origin.

26. Provide examples of what is meant by delay and denial of placement in foster care, excluding situations involving adoption.

A: Following are some examples of delay or denial in foster care placements:

1. A white newborn baby's foster placement is delayed because the social worker is unable to find a white foster home; the infant is kept in the hospital longer than would otherwise be necessary and is ultimately placed in a group home rather than being placed in a foster home with a minority family.
2. A minority relative with guardianship over four black children expressly requests that the children be allowed to remain in the care of a white neighbor in whose care the children are left. The state agency denies the white neighbor a restricted foster care license which will enable her to care for the children. The agency's license denial is based on its decision that the best interests of the children require a same-race placement, which will delay the permanent foster care placement. There was no individualized assessment or evaluation indicating that a same-race placement is actually in the best interests of the children.
3. Six minority children require foster placement, preferably in a family foster home. Only one minority foster home is available; it is only licensed to care for two children. The children remain in emergency shelter until the agency can recertify and license the home to care for the six children. The children remain in an emergency shelter even though a white foster home with capacity and a license to care for six children is available.
4. Different standards may be applied in licensing white versus minority households resulting in delay or denial of the opportunity to be foster parents.
5. Foster parent applicants are discouraged from applying because they are informed that waiting children are of a different race.
6. There are placement delays and denials when states or agencies expend time seeking to honor the requests of biological parents that foster parents be of the same race as the child.